					Print Form
HALIFA REGIONAL MUNICIPA		I NSE ACCOUNT		ınting Use Only	Quantitation of the second sec
VENDOR #	EMPLOYEE #			a. .a.	
EMPLOYEE NAME (Please Pri	int) sangarayan daga daga da		PERIOD OF TRAVEL	Design Processing that the state of	
Waye Mason		PHONE #	From Nov 3, 201	8 то	Nov 3, 2018
4th Floor, City Hall	490-4050		Truro, Nova Scotia		
	RENCE, COURSE, NAME OF ORGA	NIZATION ETC)			
Nocturnal Cities Foru	m				
SECTION 2			AMOUNTS	CLAIM	CHARGED TO HRM
TYPE Vehicle	USE DROP D	OWN MENU TO SELECT			
MILEAGE	193 KMS AT (	0.46 PER KM	\$ 88.78	\$ 88.78	
	KMS AT	PER KM			
GROUND TRANSPORTATION NCIDENTALS ELIGIBLE MISCELLANEOUS EXP	PENSES- NOT INCLUDED ABOVE:	-	PENSES - SECTION 2+3	\$ 88.78	
			5	THIS CLAIM & CHARGE DIRE	CT  \$ 88.78
	LESS ADVANCE RECEI	VED DATED		ıπ	-
¥.	BALANCE OWING H	RM 🔀 E	mployee AMOUI	\$ 88.78	- *
HROP	COST CENTER E200	EXPENSE CODE	\$ 88.78	-9	
ployee Signature				Date	<i>A</i>
proved by Name and	Title (Please Print)				

Date

Approving Signature