To 5.005 A 600-0		77 (2			Print Form
HALIFA REGIONAL MUNICIPA	OUT OF TO	WN PENSE ACCOUN		inting Use Only	3.
VENDOR#	EMPLOYEE	*	t		
SECTION 1				and the second second	
EMPLOYEE NAME (Please	Print)		PERIOD OF TRAVEL		
Tony Mancini HRM WORK LOCATION		PHONE #	From Jun 22, 201	18 To	Jun 22, 2018
4th Floor, City Hall	FERENCE, COURSE, NAME OF O	490-4050	Truro, Nova Scot	ia	
Next Regional Chair					
SECTION 2				X1 =	5 5 5 5
TRAVEL.	1100 000		AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle	USE DRO	DP DOWN MENU TO SELECT		ļ	<u> </u>
IMILEAGE		0.46 PER KM	\$ 78.66	\$ 78.66	
	KMS AT	PER KM		14	
SECTION 3				<u> </u>	-
NCIDENTALS ELIGIBLE MISCELLANEOUS E	KPENSES- NOT INCLUDED ABOV	Total /E: (ATTACH RECEIPTS)		72	
		TOTAL E	XPENSES - SECTION 2+3	\$ 78.66	
				3 78.00	
			TOTAL COST TO	HIS CLAIM & CHARGE DIRECT	\$ 78.66
		TOTAL TO BE	E REIMBURSED TO EMPLOYEE	\$ 78.66	
	LESS: ADVANCE RE	CEIVED DATED:	AMOUNT	T	
	BALANCE OWING	HRM 🔀	Employee AMOUN	\$ 78.66	
COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT		
HROP	COST CENTER E200	EXPENSE CODE	\$ 78.66		
				Date	
HROP	E200			Date	
HROP Dioyee Signature	E200			Date	