				Print Form		
HALIFA REGIONAL MUNICIPAL	OUT OF TOWN TRAVEL EXPENSE ACCOUNT	For Accou				
VENDOR #	EMPLOYEE #	300		84		
SECTION 1 EMPLOYEE NAME (Please Pri	int)	PERIOD OF TRAVEL				
Tony Mancini	PHONE#	From May 30, 2019 To Jun 4, 2019 DESTINATION				
4th Floor, City Hall PURPOSE OF TRAVEL (CONFE	490-4050 RENCE, COURSE, NAME OF ORGANIZATION ETC)	Quebec City, Que	ebec			
FCM 2019 Annual Cor	nference & Tradeshow					
SECTION 2	**	5 1401iii-ii				
rype Air	USE DROP DOWN MENU TO SELECT	AMOUNTS	CLAIM	\$ 635.08		
TILEAGE -	KMS AT PER KM					
_	KMS AT PER KM			24		
ECTION 3	H RECEIPTS } Please see page 2 for detailed instructions		T	-		
CCOMODATIONS The Hilton		\$1,232.84	1	11		
EALS			-	1 1		
1 <u>Rreakfa</u> ROUND TRANSPORTATION	st, 21 unch, 3 Supper per diem	\$ 124.00	-	30		
Taxi		\$ 131.00	,			
4 Days		\$ 40.00				
	Total	\$1,527.84	\$1,219.63	\$ 308.21		
LIGIBLE MISCELLANEOUS EXP	ENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)		7			
Conference Fee (F200-69	902)		j			
			1			
		PENSES - SECTION 2+3		\$1,004.88		
	\$1,219.63	\$1,948.17				
		TOTAL COST T	HIS CLAIM & CHARGE DIREC	\$3,167.80		
Œ	TAT.1 TA BE	REIMBURSED TO EMPLOYEE	\$1,219.63			
	IOTAL TO BE	MEIMBURSED TO EMPLOYEE				
	LESS ADVANCE RECEIVED DATED	AMOUN	T			
	BALANCE OWING HRM	mployee AMOUN	\$1,219.63			
COMPANY CODE	COST CENTER EXPENSE CODE	AMOUNT				
HROP	E200 6904	\$1,219.63				
loyee Signature			Date			

Date

Approved by Name and Title (Please Print)

Approving Signature

Ď	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
i)	1			1 -		20,0	l Day /
ate YYYY-MM-DD		2019-05-31	2019-06-01	2019-06-02	2019-06-03	2019-06-04	181
		\$ 308.21	\$ 308.21	\$ 308.21			
В		\$13.00	12.		200		
L		\$15.00		\$15.00			
5	\$27.00	27.00	\$27.00		\$00.00		
Ground Transportation				14		\$ 96.00	
	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00			
				ļ			
	\$ 72.00	\$ 373.21	\$ 345.21	\$ 333.21		\$ 96.00	
	L	L \$27.00 \$35.00 \$10.00	B \$13.00 L \$15.00 S \$27.00 27.00 \$ 35.00 \$ 10.00 \$ 10.00	B \$13.00 L \$15.00 S \$27.00 27.00 \$27.00 \$ 35.00 \$ 10.00 \$ 10.00	B \$13.00 L \$15.00 \$15.00 \$ \$27.00 \$27.00 \$ 35.00 \$ 10.00 \$ 10.00 \$ 10.00	B \$13.00 \$15.00 \$15.00 \$ \$ \$27.00 \$27.00 \$27.00 \$00.00 \$ \$ \$ 35.00 \$ 10.00 \$ 10.00 \$ \$ 10.00 \$ 10.00 \$ 10.00 \$	B \$13.00 \$15.00 \$15.00 \$ 5 \$27.00 \$27.00 \$27.00 \$00.00 \$ \$ \$ 35.00 \$ \$10.00 \$ \$10.00 \$ \$ 10.00 \$ 10.00 \$ 10.00 \$

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommo	dations							
Meals	В							
	L						47/	
	S							
Ground Tra	ansportation							
Incidentals								
Other								
Totals								

Accommodations:

Detailed receipts required

Meals:

Per diem reimbursement (no receipts required) inclusive of tax & gratuities

 Breakfast
 \$13.00

 Lunch
 \$15.00

 Supper
 \$27.00

 DAILY MAXIMUM
 \$55.00*

Meal cost will not be reimbursed where the cost is included in the air fare or in registration fees at conventions, conferences, training institutions, etc.

*Meal reimbursements in excess of per diem amount require Director's approval and must be supported with appropriate detailed receipts for allowable expenses for the day.

Ground Transportation:

Detailed receipts required

Incidentals:

Daily rate \$10.00 (no receipts required)

Amounts shown above are Canadian Funds
All expenses should be converted to Canadian funds on Page 1 of claim (specify conversion rate used).