



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

[Empty box]

EMPLOYEE #

[Empty box]

SECTION 1

EMPLOYEE NAME (Please Print) Sam Austin		PERIOD OF TRAVEL From May 29, 2019 To Jun 3, 2019	
HRM WORK LOCATION 4th Floor, City Hall	PHONE # 490-4050	DESTINATION Quebec City, Quebec	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) FCM 2019 Annual Conference & Trade Show			

SECTION 2

TRAVEL TYPE	USE DROP DOWN MENU TO SELECT	AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle				
MILEAGE	1014 KMS AT 0.46 PER KM	\$ 466.44	\$ 466.44	
	1014 KMS AT 0.46 PER KM	\$ 466.44	\$ 466.44	

SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions					
ACCOMMODATIONS	Comfort Inn & The Hilton Quebec	\$1,382.88			
MEALS	4 Breakfast, 2 Lunch, 4 Supper	\$ 190.00			
GROUND TRANSPORTATION					
INCIDENTALS	1 Day	\$ 10.00			
	Total	\$1,582.88	\$1,274.67		\$ 308.21
ELIGIBLE MISCELLANEOUS EXPENSES - NOT INCLUDED ABOVE: (ATTACH RECEIPTS)					
	Conference Fee (E200-6902)				
	Cobequid Pass Toll		\$ 8.00		\$1,004.88
TOTAL EXPENSES - SECTION 2 + 3			\$2,215.55		\$1,313.09
TOTAL COST THIS CLAIM & CHARGE DIRECT					\$3,528.64

TOTAL TO BE REIMBURSED TO EMPLOYEE \$2,215.55

LESS ADVANCE RECEIVED DATED: _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$2,215.55

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP	E200	6904	\$2,215.55

Employee Signature [Signature] Date [Redacted]

Approved by Name and Title (Please Print) Melody Campbell

Approving Signature [Signature] Date [Redacted]

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2019-05-29	2019-05-30	2019-05-31	2019-06-01	2019-06-02	2019-06-03	
Accommodations		\$ 130.88		\$ 314.59	\$ 314.60	\$ 314.60		
Meals	B			\$13.00	\$13.00	\$13.00	\$13.00	
	L		\$15.00	\$00.00			\$15.00	
	S		27.00	\$27.00	\$27.00		\$27.00	
Ground Transportation								
Incidentals				\$ 10.00				
Other		\$ 466.44					\$ 466.44	
		\$ 4.00					\$ 4.00	
Totals		\$ 601.32	\$ 42.00	\$ 364.59	\$ 354.60	\$ 327.60	\$ 525.44	

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommodations								
Meals	B							
	L							
	S							
Ground Transportation								
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	<u>\$55.00*</u>

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).