				Print Form		
HALIFAX OUT OF TO TRAVEL EX	WN (PENSE ACCOUNT		unting Use Only			
VENDOR # EMPLOYEE	E #	-	e =			
=======================================	. 12					
SECTION 1						
EMPLOYEE NAME (Please Print)		PERIOD OF TRAVEL				
Lindell Smith	PHONE #	From Sep 9, 2019 To Sep 13, 2019  DESTINATION				
4th Floor, City Hall PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF	490-4050	Waterloo-Kitch	ener, Ontario			
FCM 2019 September Board Meeting	ORGANIZATION ETC)					
SECTION 2			-			
TRAVEL		AMOUNTS	CLAIM	CHARGED TO HRM		
Air USE DE	ROP DOWN MENU TO SELECT		P = 1	\$ 704.32		
MILEAGE	0.46 PER KM	\$ 32.20	\$ 32.20			
KMS AT	PER KM					
SECTION 3						
MEALS AND LODGING: (ATTACH RECEIPTS) Please see par ACCOMODATIONS	ge 2 for detailed instructions	4.074.50	_	*		
The Delta Waterloo		\$ 976.59	-			
2 Breakfast, 3 Lunch, 3 Supper GROUND TRANSPORTATION		\$ 152.00	_			
Taxi		\$ 126.50	_  [			
5 Days		\$ 50.00				
	Total	\$1,305.09	\$1,305.09			
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABO	DVE: (ATTACH RECEIPTS)					
			_			
	TOTAL E	KPENSES - SECTION 2+3	\$1,337.29	\$ 704.32		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VIII		
		TOTAL COST	THIS CLAIM & CHARGE DIRECT	\$2,041.61		
	TOTAL TO BE	E REIMBURSED TO EMPLOYE	ss \$1.337.29			
	TOTAL TO BE	E REIMBURSED TO EMPLOY	- <del> </del>			
LESS. ADVANCE F	RECEIVED DATED	AMOU	NT			
BALANCE OWING	HRM JX	Employee AMOU	NT \$1,337.29			
COMPANY CODE COST CENTER	EXPENSE CODE ,	AMOUNT		ži.		
HROP E200	6904	\$1,337.29				

Date

Date

Employee Signature

**Approving Signature** 

Approved by Name and Title (Please Print)

W	eek 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	Үүүү-Мі	M-DD	2019-09-09	2019-09-10	2019-09-11	2019-09-12	2019-09-13		-
Accommodations		\$ 292.62	\$ 227.99	\$ 227.99	\$ 227.99				
		В	\$13.00	\$13.00					
Meals		L \$15.00	\$15.00	\$15.00		\$00.00	\$15.00		
		5	\$27.00		\$00.00	\$27.00	\$27.00		
Ground Tra	Insportatio	n	\$ 126.50						
Incidentals			\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		
Other			\$ 16.10				\$ 16.10		
Totals	,		\$ 500.22	\$ 265.99	\$ 237.99	\$ 264.99	\$ 68.10		

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							
	S							
Ground Tra	ansportation							
Incidentals	5						X	
Other								
	7							
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).