HATIFAY	OUT OF TOWN	For Accou	For Accounting Use Only				
RIGIONAL MUNICIPAL	TRAVEL EXPENSE ACCOUNT	•					
VENDOR#	EMPLOYEE #						
VENDOR #	EMPLOYEE						
SECTION 1	EX		*				
EMPLOYEE NAME (Please Prin	it) Character and Character an	PERIOD OF TRAVEL	- Western - Williams	Machine Award			
Tony Mancini		From Oct 29, 2019 To Nov 1, 2019					
HRM WORK LOCATION	PHONE #	DESTINATION					
4th Floor, City Hall	490-4050	Vancouver, Britis	sh Columbia				
PURPOSE OF TRAVEL (CONFER	ENCE, COURSE, NAME OF ORGANIZATION ETC)						
2019 Zero Waste Conf	erence						
SECTION 2	1	•					
TRAVEL TYPE		AMOUNTS	CLAIM	CHARGED TO HRA			
Air	USE DROP DOWN MENU TO SELECT			\$ 838.86			
MILEAGE	KMS AT PER KM	11 11					
_	KMS AT PER KM			-1			
-	DW-01 PEK KM		<u> </u>	_			
SECTION 3 MEALS AND LODGING: (ATTACK	RECEIPTS } Please see page 2 for detailed instructions		1	-			
ACCOMODATIONS	ont Waterfront	\$ 948.21	7	75			
MEALS		\$ 108.00	-				
ROUND TRANSPORTATION	st, 1 Lunch, 2 Supper per diem	35	-				
NCIDENTALS Taxi	42	\$ 141.00	- 2				
3 Days	M	\$ 30.00					
15	Total	\$1,227.21	\$ 911.14	\$ 316.07			
ELIGIBLE MISCELLANEOUS EXP	ENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)		٦				
Conference Fee (6902)	<u> </u>		-				
		8:	_				
		Δ.		\$ 498.75			
	TOTAL E	KPENSES - SECTION Z+3					
		4	\$ 911.14	\$1,653.68			
	***	TOTAL COST T	HIS CLAIM & CHARGE DIR	\$2,564.82			
	TOTAL TO BE	REIMBURSED TO EMPLOYE	\$ 911.14	_			
	LECC ADVANCE RECEIVED DATES		T.				
	LESS ADVANCE RECEIVED DATED	AMOUN	17				
	BALANCE OWING HRM	Employee AMOUN	_{ит} \$ 911.14	_			
COMPANY CODE	COST CENTED	88454117					
	COST CENTER EXPENSE CODE	AMOUNT					
HROP	E200 6904	\$ 911.14					
ployee Signature			Date				
proved by Name and 1	Title (Please Print)						
proving Signature			Date	111			

Print Form

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YY	YY-MM-DD	2019-10-29	2019-10-30	2019-10-31	2019-11-01		,	
Accommodations			\$ 316.07	\$ 316.07				-
	В		\$13.00	\$13.00	\$13,00			
Meals	. L			-	\$15.00			
	. S	\$27.00		\$27.00		·		
Ground Transportation		\$ 40.00			\$ 101.00	,		
Incidentals			\$ 10.00	\$ 10.00	\$ 10.00			
Other		,			-			
						ŕ		
Totals		\$ 67.00	\$ 339.07	\$ 366.07	\$ 139.00			
Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YY	YY-MM-DD						. *	
Accommodation	ns							
	В							
Meals	, F					2		
	s							
Ground Transportation								

Accommodations:

Detailed receipts required

Meals:

Incidentals

Other

Totals

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).