



**OUT OF TOWN
TRAVEL EXPENSE ACCOUNT**

For Accounting Use Only

VENDOR #

EMPLOYEE #

SECTION 1

EMPLOYEE NAME (Please Print)		PERIOD OF TRAVEL	
		From	To
HRM WORK LOCATION	PHONE #	DESTINATION	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC)			

SECTION 2

TRAVEL TYPE	AMOUNTS	CLAIM	CHARGED TO HRM
TYPE USE DROP DOWN MENU TO SELECT			
MILEAGE			
_____ KMS AT _____ PER KM			
_____ KMS AT _____ PER KM			

SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions			
ACCOMODATIONS			
MEALS			
GROUND TRANSPORTATION			
INCIDENTALS			
	Total		
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)			
TOTAL EXPENSES - SECTION 2 + 3			
		TOTAL COST THIS CLAIM & CHARGE DIRECT	

TOTAL TO BE REIMBURSED TO EMPLOYEE _____

LESS: ADVANCE RECEIVED DATED: _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT _____

COMPANY CODE

COST CENTER

EXPENSE CODE

AMOUNT

Employee Signature

Date

Approved by Name and Title (Please Print)

Approving Signature

Date

Week 1		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								

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).