

VENDOR #

EMPLOYEE #

867044

SECTION 1

EMPLOYEE NAME (Please Print) Tim Outhit		PERIOD OF TRAVEL From Oct 21, 2021 To Oct 23, 2021	
HRM WORK LOCATION 4th Floor, City Hall	PHONE # 902-229-6385	DESTINATION Charlottetown, PE	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) Atlantic Mayors' Congress			

SECTION 2

TRAVEL TYPE	AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle USE DROP DOWN MENU TO SELECT	\$ 290.72	\$ 290.72	
MILEAGE 632 KMS AT .46 PER KM			

SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions			
ACCOMMODATIONS Delta Hotel	\$ 337.46		
MEALS 2 breakfast, 3 lunch, 2 dinner	\$ 125.00		
GROUND TRANSPORTATION			
INCIDENTALS 3 days	\$ 30.00		
Total	\$ 492.46	\$ 492.46	
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)			
Cobequid Toll Pass			
Confederation Bridge Pass		\$ 52.50	
TOTAL EXPENSES - SECTION 2 + 3		\$ 835.68	

TOTAL COST THIS CLAIM & CHARGE DIRECT

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 835.68

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$ 835.68

COMPANY CODE

COST CENTER

EXPENSE CODE

AMOUNT

HR0P

E300

6904

\$ 835.68

Employee Signature

[Redacted Signature]

Date

12/07/21

Approved by Name and Title (Please Print)

Approving Signature

[Redacted Signature]

Date

12/08/21

12/10/21

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2021-10-21	2021-10-22	2021-10-23				
Accommodations		\$ 168.73	\$ 168.73					
Meals	B		\$13.00	\$13.00	\$00.00	\$00.00		
	L	\$15.00	\$15.00	\$15.00	\$00.00	\$00.00		
	S	\$27.00	27.00	\$00.00	\$00.00			
Ground Transportation								
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00				
Other								
Totals		\$ 220.73	\$ 233.73	\$ 38.00				

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).