

Out-of-Town Travel Expense Account



EMPLOYEE # 873896	VENDOR # 	Accounting Use Only
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SECTION 1 - CLAIMANT

EMPLOYEE NAME Waye Mason	EMAIL waye.mason@halifax.ca	PERIOD OF TRAVEL FROM aug 26 TO aug 26
HRM WORK LOCATION City Hall	PHONE 902-430-7822	DESTINATION Shediac NB
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.) present on Basic Income and Halifax' resolution at Atlantic Mayors		

SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORATION (select from drop down menu) Vehicle			\$ 0.00
KILOMETRAGE 0 – 16,000 km: 538 kms at 0.5113 per km	275.08		275.08
16,001+ km: _____ kms at 0.4513 per km	\$ 0.00		\$ 0.00

SECTION 3 – DESTINATION EXPENSES (attach receipts) - see page 2 for worksheet and additional details.

ACCOMMODATIONS			\$ 0.00
MEALS			\$ 0.00
GROUND TRANSPORTATION			\$ 0.00
INCIDENTALS			\$ 0.00
SUBTOTAL	\$ 0.00	\$ 0.00	\$ 0.00
OTHER ELIGIBLE EXPENSES (specify and attach receipts)			\$ 0.00
			\$ 0.00
			\$ 0.00
TOTALS: CLAIM AMOUNT & DIRECT PAID BY HRM (SECTIONS 2 & 3)	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL COST OF OUT-OF-TOWN TRAVEL			275.08

TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE	\$ 0.00
LESS ADVANCE RECEIVED ON	
BALANCE OWING (if negative, employee must repay amount to HRM)	
PAYABLE: <input type="radio"/> TO EMPLOYEE FROM HRM <input type="radio"/> FROM EMPLOYEE TO HRM	\$ 0.00

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT

EMPLOYEE SIGNATURE	DATE
*APPROVED BY (NAME & TITLE)	
*APPROVER SIGNATURE	DATE

* Refer to the Employment Expense Authorization Grid in section seven (7) of the Employment Expense Reimbursement Policy for a listing of authorized approvers.

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date		Aug 26						
Accommodations								
Meals (See daily maximums below)	B							
	L							
	S							
Ground Transportation		275.08						
Incidentals								
Other								
Daily Totals		275.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date								
Accommodations								
Meals (See daily maximums below)	B							
	L							
	S							
Ground Transportation								
Incidentals								
Other								
Daily Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

ACCOMMODATIONS TOTAL	MEALS TOTAL	GROUND TRANSPORTATION TOTAL	INCIDENTALS TOTAL	OTHER TOTAL
\$ 0.00	\$ 0.00	276.08	\$ 0.00	\$ 0.00

Accommodations: Detailed receipts required.

Meals: Per diem reimbursement (no receipts required) inclusive of tax & gratuities.

Breakfast (B)	\$13.00	*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.
Lunch (L)	\$15.00	
Supper (S)	\$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.

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).