

Out-of-Town Travel Expense Account

HALIFAX

EMPLOYEE # 862350	VENDOR # 	Accounting Use Only

SECTION 1 - CLAIMANT

EMPLOYEE NAME Councillor Becky Kent	EMAIL kentb@halifax.ca	PERIOD OF TRAVEL FROM 2022-05-04 TO 2022-05-06
HRM WORK LOCATION City Hall, 1841 Argyle Street	PHONE 902-478-5368	DESTINATION Liverpool, NS
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.) NSFM Spring Conference		

SECTION 2 - TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORTATION (select from drop down menu) Vehicle			\$ 0.00
KILOMETRAGE 0 - 16,000 km: 405.4 kms at 0.5113 per km	\$ 207.28		\$ 207.28
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 Best Western Plus Liverpool Hotel & Conference	\$ 266.80		\$ 266.80
MEALS	\$ 110.00		\$ 110.00
GROUND TRANSPORTATION			\$ 0.00
INCIDENTALS	\$ 30.00		\$ 30.00
SUBTOTAL	\$ 614.08	\$ 0.00	\$ 614.08
OTHER ELIGIBLE EXPENSES (specify and attach receipts) Conference fee (GL 6902)		\$ 405.00	\$ 405.00
			\$ 0.00
			\$ 0.00
TOTALS: CLAIM AMOUNT & DIRECT PAID BY HRM (SECTIONS 2 & 3)	\$ 614.08	\$ 405.00	
TOTAL COST OF OUT-OF-TOWN TRAVEL			\$ 1,019.08

TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE	\$ 614.08
LESS ADVANCE RECEIVED ON	
BALANCE OWING (if negative, employee must repay amount to HRM)	
PAYABLE: <input checked="" type="radio"/> TO EMPLOYEE FROM HRM <input type="radio"/> FROM EMPLOYEE TO HRM	\$ 614.08

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT
HROP	E200	6904	

EMPLOYEE SIGNATURE		
*APPROVED BY (NAME & TITLE)	Quentin Hill	
*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		5/4/22	5/5/22	5/6/22				
Accommodations		\$ 133.40	\$ 133.40					
Meals (See daily maximums below)	B		\$ 13.00	\$ 13.00				
	L	\$ 15.00		\$ 15.00				
	S	\$ 27.00	\$ 27.00					
Ground Transportation								
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00				
Other								
Daily Totals		\$ 185.40	\$ 183.40	\$ 38.00	\$ 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
\$ 266.80	\$ 110.00	\$ 0.00	\$ 30.00	\$ 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).