

# Out-of-Town Travel Expense Account



EMPLOYEE # <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	VENDOR # <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Accounting Use Only
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## SECTION 1 - CLAIMANT

EMPLOYEE NAME	EMAIL	PERIOD OF TRAVEL FROM _____ TO _____
HRM WORK LOCATION	PHONE	DESTINATION
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.)		

## SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORATION (select from drop down menu)			
KILOMETRAGE 0 – 16,000 km: _____ kms at _____ per km			
16,001+ km: _____ kms at _____ per km			

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

ACCOMMODATIONS			
MEALS			
GROUND TRANSPORTATION			
INCIDENTALS			
SUBTOTAL			
OTHER ELIGIBLE EXPENSES <small>(specify and attach receipts)</small>			
TOTALS: CLAIM AMOUNT & DIRECT PAID BY HRM (SECTIONS 2 & 3)			
<b>TOTAL COST OF OUT-OF-TOWN TRAVEL</b>			

TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE	
LESS ADVANCE RECEIVED ON	
BALANCE OWING (if negative, employee must repay amount to HRM)	
PAYABLE: TO EMPLOYEE FROM HRM FROM EMPLOYEE TO HRM	

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT

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

\* Refer to the Employment Expense Account seven (7) of the Employment Expense Reimbursement Policy for a listing of authorized approvers.

<b>Week 1</b>		<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>
	<b>Date</b>							
	<b>Accommodations</b>							
		<b>B</b>						
	<b>Meals</b>	<b>L</b>						
	(See daily maximums below)	<b>S</b>						
	<b>Ground Transportation</b>							
	<b>Incidentals</b>							
	<b>Other</b>							
	<b>Daily Totals</b>							

<b>Week 2</b>		<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>
	<b>Date</b>							
	<b>Accommodations</b>							
		<b>B</b>						
	<b>Meals</b>	<b>L</b>						
	(See daily maximums below)	<b>S</b>						
	<b>Ground Transportation</b>							
	<b>Incidentals</b>							
	<b>Other</b>							
	<b>Daily Totals</b>							

<b>ACCOMMODATIONS TOTAL</b>	<b>MEALS TOTAL</b>	<b>GROUND TRANSPORTATION TOTAL</b>	<b>INCIDENTALS TOTAL</b>	<b>OTHER TOTAL</b>
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**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)	<u>\$27.00</u>	
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).

<b>First Name</b>	Lindell
<b>Last Name</b>	Smith
<b>Arrival Date</b>	Tuesday, 6-Dec, 2022
<b>Arrival Time</b>	16:00
<b>Departure Date</b>	Thursday, 8-Dec, 2022
<b>Number Of Nights</b>	2
<b>Number Of Adults</b>	1
<b>Room Type</b>	Fairmont 1 Queen
<b>Rate Per Room Per Night</b>	CAD 279.00
<b>Cancellation Policy</b>	48 hours prior to arrival
<b>Cancel Date To Avoid Fees</b>	Sunday, 4-Dec, 2022
<b>Cancellation Amount</b>	CAD 327.88

*Local Currency*

*The amount may be subject to taxes, gratuities, resort levy or other fees*



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