

Out-of-Town Travel Expense Account

HALIFAX

EMPLOYEE # 0088282829	VENDOR # 	Accounting Use Only
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SECTION 1 - CLAIMANT

EMPLOYEE NAME Iona Stoddard	EMAIL iona.stoddard@halifax.ca	PERIOD OF TRAVEL FROM 2022-01-22 TO 2022-06-22
HRM WORK LOCATION Halifax City Hall	PHONE 9022407926	DESTINATION Regina, SK
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.) FCM Annual Conference		

SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORATION (select from drop down menu) Air		\$ 1,065.25	\$ 1,065.25
KILOMETRAGE 0 – 16,000 km: _____ kms at 0.5113 per km	\$ 0.00		\$ 0.00
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 Four Points Sheraton (Night 1 pre-pd: Mel Campbell)	\$ 635.68		\$ 635.68
MEALS	\$ 81.88		\$ 81.88
GROUND TRANSPORTATION Taxi	\$ 10.00		\$ 10.00
INCIDENTALS			\$ 0.00
SUBTOTAL	\$ 727.56	\$ 1,065.25	\$ 1,792.81
OTHER ELIGIBLE EXPENSES (specify and attach receipts)	Conference Registration Fee	\$ 1,055.00	\$ 1,055.00
			\$ 0.00
			\$ 0.00
TOTALS: CLAIM AMOUNT & DIRECT PAID BY HRM (SECTIONS 2 & 3)	\$ 727.56	\$ 2,120.25	
TOTAL COST OF OUT-OF-TOWN TRAVEL			\$ 2,847.81

TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE	\$ 727.56
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	\$ 727.56

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT
	E200	6904	

EMPLOYEE SIGNATURE [Redacted]	
*APPROVED BY (NAME & TITLE) Jaques Dube, CAO	
*APPROVER SIGNATURE [Redacted]	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		6/1/22	6/2/22	6/3/22	6/4/22	6/5/22	6/6/22	
Accommodations			\$ 158.92	\$ 158.92	\$ 158.92	\$ 158.92		
B				\$ 10.00		\$ 10.66	\$ 13.00	
Meals (See daily maximums below)	L		\$ 10.22	\$ 10.00			\$ 15.00	
	S						\$ 13.00	
Ground Transportation					\$ 10.00			
Incidentals		\$ 10.00	\$ 10.00				\$ 10.00	
Other								
Daily Totals		\$ 10.00	\$ 179.14	\$ 178.92	\$ 168.92	\$ 169.58	\$ 51.00	\$ 0.00

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date								
Accommodations								
B								
Meals (See daily maximums below)	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
\$ 635.68	\$ 81.88	\$ 10.00	\$ 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).