

# Out-of-Town Travel Expense Account

# HALIFAX

<b>EMPLOYEE #</b> 00871585	<b>VENDOR #</b> 	<b>Accounting Use Only</b>
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## SECTION 1 - CLAIMANT

<b>EMPLOYEE NAME</b> Deputy Mayor Pam Lovelace	<b>EMAIL</b> pam.lovelace@halifax.ca	<b>PERIOD OF TRAVEL</b> FROM 2022-06-01 TO 2022-06-07
<b>HRM WORK LOCATION</b> City Hall	<b>PHONE</b> 902-225-4624	<b>DESTINATION</b> FCM Conference in Regina, Saskatchewan
<b>PURPOSE OF TRAVEL</b> (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.) Federation of Municipalities Annual Conference in Regina		

## SECTION 2 - TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
<b>TRANSPORATION</b> (select from drop down menu) Air		\$ 1,065.25	\$ 1,065.25
<b>KILOMETRAGE</b> 0 - 16,000 km: 66 kms at 0.5113 per km	\$ 33.75		\$ 33.75
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.

<b>ACCOMMODATIONS</b> Four Points Sheraton, Regina, Sask	\$ 635.68		\$ 635.68
<b>MEALS</b> Jun 1 - 6	\$ 137.00		\$ 137.00
<b>GROUND TRANSPORTATION</b> Uber rides for group, taxi home	\$ 217.96		\$ 217.96
<b>INCIDENTALS</b> June 1-6	\$ 60.00		\$ 60.00
<b>SUBTOTAL</b>	\$ 1,084.39	\$ 1,065.25	\$ 2,149.64
<b>OTHER ELIGIBLE EXPENSES</b> (specify and attach receipts)	Conference Registration Fee	\$ 1,107.75	\$ 1,107.75
			\$ 0.00
			\$ 0.00
<b>TOTALS: CLAIM AMOUNT &amp; DIRECT PAID BY HRM (SECTIONS 2 &amp; 3)</b>	\$ 1,084.39	\$ 2,173.00	
<b>TOTAL COST OF OUT-OF-TOWN TRAVEL</b>			\$ 3,257.39

<b>TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE</b>	\$ 1,084.39
<b>LESS ADVANCE RECEIVED ON</b>	
<b>BALANCE OWING</b> (if negative, employee must repay amount to HRM)	
<b>PAYABLE:</b> <input checked="" type="radio"/> TO EMPLOYEE FROM HRM <input type="radio"/> FROM EMPLOYEE TO HRM	\$ 1,084.39

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT

<b>EMPLOYEE SIGNATURE</b> Lovelace, Pam	Digitally signed by Lovelace, Pam Date: 2022.06.09 10:43:42 -03'00'	<b>DATE</b> 2022-06-09
<b>*APPROVED BY (NAME &amp; TITLE)</b> Jacques Dubé, CAO		
<b>*APPROVER SIGNATURE</b>	<b>DATE</b> 6/17/22	

\* 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	6/7/22
Accommodations								
Meals (See daily maximums below)	B		\$ 13.00				\$ 13.00	
	L	\$ 15.00					\$ 15.00	
	S	\$ 27.00	\$ 27.00				\$ 27.00	
Ground Transportation		\$ 16.21	\$ 72.10	\$ 10.55	\$ 10.32		\$ 21.38	\$ 87.40
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	
Other								
Daily Totals		\$ 68.21	\$ 122.10	\$ 20.55	\$ 20.32	\$ 10.00	\$ 86.38	\$ 87.40

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	\$ 137.00	\$ 217.96	\$ 60.00	\$ 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).