

# Out-of-Town Travel Expense Account

# HALIFAX

EMPLOYEE #

VENDOR #

00871585

Accounting  
Use Only

## SECTION 1 - CLAIMANT

<b>EMPLOYEE NAME</b> Deputy Mayor Pam Lovelace		<b>EMAIL</b> pam.lovelace@halifax.ca	<b>PERIOD OF TRAVEL</b> FROM 2022-05-04 TO 2022-05-06
<b>HRM WORK LOCATION</b> City Hall		<b>PHONE</b> 902-225-4624	<b>DESTINATION</b> NSFM Conference, White Point
<b>PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.)</b> Nova Scotia Federation of Municipality Annual Conference			

## SECTION 2 - TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
<b>TRANSPORTATION</b> (select from drop down menu) <small>Select Travel Method</small>			\$ 0.00
<b>KILOMETRAGE</b> 0 - 16,000 km: <u>280</u> kms at <u>0.5113</u> per km	\$ 143.16		\$ 143.16
16,001+ km: _____ kms at <u>0.4513</u> per km	\$ 0.00		\$ 0.00

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

<b>ACCOMMODATIONS</b> Hotel stay at White point	\$ 365.70		\$ 365.70
<b>MEALS</b>	\$ 83.00		\$ 83.00
<b>GROUND TRANSPORTATION</b>			\$ 0.00
<b>INCIDENTALS</b>			\$ 0.00
<b>SUBTOTAL</b>	\$ 591.86	\$ 0.00	\$ 591.86
<b>OTHER ELIGIBLE EXPENSES</b> (specify and attach receipts)			\$ 0.00
			\$ 0.00
			\$ 0.00
<b>TOTALS: CLAIM AMOUNT &amp; DIRECT PAID BY HRM (SECTIONS 2 &amp; 3)</b>	\$ 591.86	\$ 0.00	
<b>TOTAL COST OF OUT-OF-TOWN TRAVEL</b>			\$ 591.86

<b>TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE</b>	\$ 591.86
<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	\$ 591.86

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT

<b>EMPLOYEE SIGNATURE</b> Lovelace, Pam	Digitally signed by Lovelace, Pam Date: 2022.06.02 10:19.04 -03'00'	<b>DATE</b>
<b>*APPROVED BY (NAME &amp; TITLE)</b> Jacques Dube, CAO		
<b>*APPROVER SIGNATURE</b>		<b>DATE</b>

\* 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		5/5/22	5/6/22					
Accommodations								
B		\$ 13.00	\$ 13.00					
Meals (See daily maximums below)	L	\$ 15.00	\$ 15.00					
	S	\$ 27.00						
Ground Transportation								
Incidentals								
Other								
Daily Totals		\$ 55.00	\$ 28.00	\$ 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								
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
\$ 0.00	\$ 83.00	\$ 0.00	\$ 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).



75 White Point Beach Resort Road, Hunts Point, Nova Scotia B0T 1G0  
 Toll Free: 1-800-585-5088 | Local 1-902-354-2711 | Fax 902-354-7278  
 www.whitepoint.com

Reservation Number 104459

Send to Pam Lovelace  
 33 Halfway Lake Drive  
 Hammonds Plains, NS B4B 1N4

Phone 902.237.1747

Guest Name Pam Lovelace Arrival Date 5/4/22 Departure Date 5/6/22

Group Nova Scotia Federation of Municipalities Room Information 350 - One Bedroom Oceanfront Cottage

Bill To Pam Lovelace  
 33 Halfway Lake Drive  
 Hammonds Plains, NS B4B 1N4  
 Phone 902.237.1747

Folio Number 139303

Trans Date	Description	Voucher	Amount
<b>Charges</b>			
5/4/22	Elliott's Dining Room	287840	61.05
5/4/22	Nova Scotia Federation of Muni	501-350	159.00
5/4/22	HST	501-350	23.85
5/5/22	Nova Scotia Federation of Muni	501-350	159.00
5/5/22	HST	501-350	23.85
	Subtotal		426.75
	<b>Total Charges</b>		<b>426.75</b>
<b>Payments</b>			
5/6/22	Mastercard	#####6213 02415Z 350 0000144548	-426.75
	Subtotal		-426.75
	<b>Total Payments</b>		<b>-426.75</b>
		<b>Balance Due:</b>	<b>0.00</b>

		Total
Total Tax	HST	
	\$47.70	\$47.70

HST# 105671234RT0001