

Out-of-Town Travel Expense Account



EMPLOYEE # <input style="width:90%;" type="text"/>	VENDOR # <input style="width:90%;" type="text"/>	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)			
TOTAL COST OF OUT-OF-TOWN TRAVEL			

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 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							
Accommodations							
B							
Meals (See daily maximums below)	L						
S							
Ground Transportation							
Incidentals							
Other							
Daily Totals							

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							

ACCOMMODATIONS TOTAL	MEALS TOTAL	GROUND TRANSPORTATION TOTAL	INCIDENTALS TOTAL	OTHER TOTAL
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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).

VENDOR NUMBER:	INVOICE / REFERENCE NUMBER:
VENDOR NAME:	DATE REQUESTED:
	DATE REQUIRED:
MAILING ADDRESS:	

DESCRIPTION

COMPANY CODE	EXPENSE CODE	COST CENTRE	WORK ORDER	A	B	D	E	AMOUNT TOTAL
TOTAL REQUESTED								

PREPARED BY:
TELEPHONE:
DATE:
RETURN TO (ATTACH SELF-ADDRESSED ENVELOPE)

AUTHORIZED BY:
PLEASE PRINT NAME
SIGNATURE: 
TELEPHONE:
DATE: