



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

Print Form

For Accounting Use Only

VENDOR #

EMPLOYEE #

SECTION 1

| | | | |
|------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|--|
| EMPLOYEE NAME (Please Print) Sam Austin | | PERIOD OF TRAVEL From Jun 1, 2017 To Jun 5, 2017 | |
| HRM WORK LOCATION Councillor's Office, City Hall | PHONE # 490-4050 | DESTINATION Ottawa, Ontario | |
| PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) FCM 2017 Annual Conference | | | |

SECTION 2

| TRAVEL TYPE | AMOUNTS | CLAIM | CHARGED TO HRM |
|-------------------------------------|---------|-------|----------------|
| Air USE DROP DOWN MENU TO SELECT | | | \$ 348.04 |
| MILEAGE | | | |
| _____ KMS AT _____ PER KM | | | |
| _____ KMS AT _____ PER KM | | | |

SECTION 3

| MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions | AMOUNTS | CLAIM | CHARGED TO HRM |
|----------------------------------------------------------------------------------|-------------------|------------------|-------------------|
| ACCOMMODATIONS The Westin Ottawa | \$1,117.36 | | |
| MEALS 1 Breakfast, 1 Lunch, 1 Dinner per diem | \$ 55.00 | | |
| GROUND TRANSPORTATION | | | |
| INCIDENTALS 5 Days | \$ 50.00 | | |
| Total | \$1,222.36 | \$ 943.02 | \$ 279.34 |
| ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS) | | | |
| Conference Fee (690?) | | | |
| | | | \$1,002.31 |
| TOTAL EXPENSES - SECTION 2 + 3 | | \$ 943.02 | \$1,629.69 |
| TOTAL COST THIS CLAIM & CHARGE DIRECT | | | \$2,572.71 |

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 943.02

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$ 943.02

| COMPANY CODE | COST CENTER | EXPENSE CODE | AMOUNT |
|--------------|-------------|--------------|-----------|
| HR0P | E200 | 6904 | \$ 943.02 |

Employee Signature

Date June 13, 2017

Approved by Name and Title (Please Print)

Approving Signature

Date June 14/17

| Week 1 | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-----------------------|------------|------------|------------|------------|------------|------------|-------|-------|
| Date | YYYY-MM-DD | 2017-06-01 | 2017-06-02 | 2017-06-03 | 2017-06-04 | 2017-06-05 | | |
| Accommodations | | | \$ 279.34 | \$ 279.34 | \$ 279.34 | | | |
| Meals | B | | | | | \$13.00 | | |
| | L | \$15.00 | | | | | | |
| | S | | | \$27.00 | | | | |
| Ground Transportation | | | | | | | | |
| Incidentals | | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | | |
| Other | | | | | | | | |
| Totals | | \$ 25.00 | \$ 289.34 | \$ 316.34 | \$ 289.34 | \$ 23.00 | | |

| Week 2 | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-----------------------|------------|-------|-------|-------|-------|-------|-------|-------|
| Date | YYYY-MM-DD | | | | | | | |
| Accommodations | | | | | | | | |
| Meals | B | | | | | | | |
| | L | | | | | | | |
| | S | | | | | | | |
| Ground Transportation | | | | | | | | |
| Incidentals | | | | | | | | |
| Other | | | | | | | | |
| Totals | | | | | | | | |

Accommodations: Detailed receipts required

Meals: Per diem reimbursement (no receipts required) inclusive of tax & gratuities

| | |
|---------------|-----------------|
| Breakfast | \$13.00 |
| Lunch | \$15.00 |
| Supper | \$27.00 |
| DAILY MAXIMUM | <u>\$55.00*</u> |

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.

*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.

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).