

# HALIFAX REGIONAL MUNICIPALITY

## OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #  
[ ]

EMPLOYEE #  
[ ]

### SECTION 1

<b>EMPLOYEE NAME</b> (Please Print) Tony Mancini		<b>PERIOD OF TRAVEL</b> From April 21, 2017 To April 21, 2017	
<b>HRM WORK LOCATION</b> Councillor's Office	<b>PHONE #</b> 490-4050	<b>DESTINATION</b> 119 Mingo Road, Kemptown, NS	
<b>PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC)</b> Solid Waste Regional Chairs Meeting			

### SECTION 2

TRAVEL TYPE	USE DROP DOWN MENU TO SELECT	AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle				
MILEAGE				
	216 KMS AT 0.46 PER KM	\$ 99.36	\$ 99.36	
	_____ KMS AT _____ PER KM			

### SECTION 3

<b>MEALS AND LODGING: (ATTACH RECEIPTS)</b> Please see page 2 for detailed instructions			
<b>ACCOMMODATIONS</b>			
<b>MEALS</b>			
<b>GROUND TRANSPORTATION</b>			
<b>INCIDENTALS</b>			
<b>Total</b>			
<b>ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)</b>			
<b>TOTAL EXPENSES - SECTION 2 + 3</b>			\$ 99.36
<b>TOTAL COST THIS CLAIM &amp; CHARGE DIRECT</b>			

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 99.36

LESS ADVANCE RECEIVED DATED \_\_\_\_\_ AMOUNT \_\_\_\_\_

BALANCE OWING  HRM  Employee AMOUNT \$ 99.36

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP	E200	6904	\$ 99.36

Employee Signature [Redacted] Date [ ]

Approved by Name and Title (Please Print) [Redacted]

Approving Signature [Redacted] Date [Redacted]