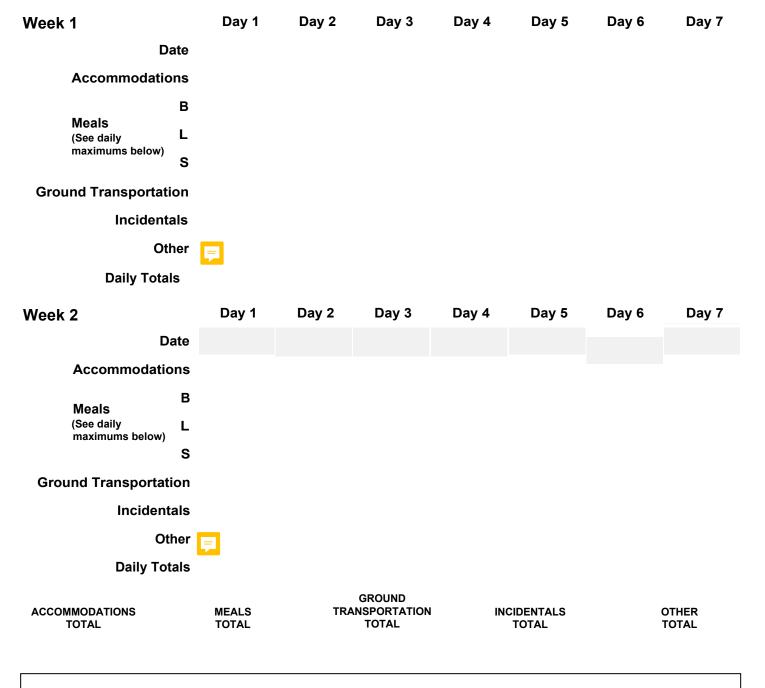
## **Out-of-Town Travel Expense Account**



EMPLOYEE #		VENDOR #	<b>#</b>						
				Accounti	ng				
				Use Only	,				
SECTION 1 - CL						T			
EMPLOYEE NAME EMAIL						PERIOD OF TRAVEL FROM TO			
HRM WORK LOCATION PHONE DESTINAT						TION			
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.)									
SECTION 2 – TRAVEL EXPENSES									
EVBENGE						CLAIM AMOUNT	DIRECT PAID	TOTAL	
TRANSPORATION						AMOUNT	BY HRM	EXPENSE	
(select from drop down menu)									
KILOMETRAGE 0 – 20,000 km: kms at per km									
	20,00	00.1+ km: _	kr	ns 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									
(specify and attach receipts)									
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 CO						E CODE	AMO	IINT	
OOMI AN	CODE		J. OLIN	. 11	LAI LIIO	_	AWO	<u> </u>	
EMPLOYEE SIGNATURE							DATE		
*APPROVED BY (NAME & TITLE)									
*APPROVER SIGNATURE							DATE		

<sup>\*</sup> Refer to the Employment Expense Authorization Grid in section seven (7) of the Employment Expense Reimbursement Policy for a listing of authorized approvers.



**Accommodations:** Detailed receipts required.

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

Breakfast (B) \$13.00 Lunch (L) \$15.00 Supper (S) \$27.00

DAILY MAXIMUM

\*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.

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.

\$55.00\*

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).