

Out-of-Town Travel Expense Account



| | | |
|------------------------------------|----------------------------------|------------------------|
| EMPLOYEE # <input type="text"/> | VENDOR # <input type="text"/> | Accounting Use Only |
| | | |

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 – 20,000 km: _____ kms at _____ per km | | | |
| 20,000.1+ 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 (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 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 |
|-------------------------|----------------|-----------------------------------|----------------------|----------------|

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).