

Out-of-Town Travel Expense Account



EMPLOYEE # <input style="width:90%;" type="text"/>	VENDOR # <input style="width:90%;" 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	L						
	(See daily maximums below)	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	L						
	(See daily maximums below)	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).