

# Out-of-Town Travel Expense Account



<b>EMPLOYEE #</b> <input style="width:90%;" type="text"/>	<b>VENDOR #</b> <input style="width:90%;" type="text"/>	<b>Accounting Use Only</b>
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## SECTION 1 - CLAIMANT

<b>EMPLOYEE NAME</b>	<b>EMAIL</b>	<b>PERIOD OF TRAVEL</b> FROM _____ TO _____
<b>HRM WORK LOCATION</b>	<b>PHONE</b>	<b>DESTINATION</b>
<b>PURPOSE OF TRAVEL</b> (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.)		

## SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
<b>TRANSPORATION</b> (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.

<b>ACCOMMODATIONS</b>			
<b>MEALS</b>			
<b>GROUND TRANSPORTATION</b>			
<b>INCIDENTALS</b>			
<b>SUBTOTAL</b>			
<b>OTHER ELIGIBLE EXPENSES</b> (specify and attach receipts)			
<b>TOTALS: CLAIM AMOUNT &amp; DIRECT PAID BY HRM (SECTIONS 2 &amp; 3)</b>			
<b>TOTAL COST OF OUT-OF-TOWN TRAVEL</b>			

<b>TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE</b>	
<b>LESS ADVANCE RECEIVED ON</b>	
<b>BALANCE OWING</b> (if negative, employee must repay amount to HRM)	
<b>PAYABLE:</b> <b>TO EMPLOYEE FROM HRM</b> <b>FROM EMPLOYEE TO HRM</b>	

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
<b>*APPROVED BY (NAME &amp; TITLE)</b>	
<b>*APPROVER SIGNATURE</b>	<b>DATE</b>

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

<b>Week 1</b>		<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>
	<b>Date</b>							
	<b>Accommodations</b>							
		<b>B</b>						
	<b>Meals</b>	<b>L</b>						
	(See daily maximums below)	<b>S</b>						
	<b>Ground Transportation</b>							
	<b>Incidentals</b>							
	<b>Other</b>							
	<b>Daily Totals</b>							

<b>Week 2</b>		<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>
	<b>Date</b>							
	<b>Accommodations</b>							
		<b>B</b>						
	<b>Meals</b>	<b>L</b>						
	(See daily maximums below)	<b>S</b>						
	<b>Ground Transportation</b>							
	<b>Incidentals</b>							
	<b>Other</b>							
	<b>Daily Totals</b>							

<b>ACCOMMODATIONS TOTAL</b>	<b>MEALS TOTAL</b>	<b>GROUND TRANSPORTATION TOTAL</b>	<b>INCIDENTALS TOTAL</b>	<b>OTHER TOTAL</b>
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**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).