

Out-of-Town Travel Expense Account



EMPLOYEE # <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	VENDOR # <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Accounting Use Only
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SECTION 1 - CLAIMANT

EMPLOYEE NAME Councillor Paul Russell	EMAIL russelp@halifax.ca	PERIOD OF TRAVEL FROM 2024-05-07 TO 2024-05-10
HRM WORK LOCATION City Hall	PHONE 902-240-0441	DESTINATION Baddeck, Nova Scotia
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.) NSFM Board meeting and Spring Conference		

SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORATION (select from drop down menu) Vehicle			\$ 0.00
KILOMETRAGE 0 – 20,000 km: <u>680</u> kms at <u>0.5838</u> per km	\$ 396.98		\$ 396.98
20,000.1+ km: _____ kms at <u>0.5153</u> per km	\$ 0.00		\$ 0.00

SECTION 3 – DESTINATION EXPENSES (attach receipts) - see page 2 for worksheet and additional details.

ACCOMMODATIONS	\$ 604.11		\$ 604.11
MEALS	\$ 95.85		\$ 95.85
GROUND TRANSPORTATION			\$ 0.00
INCIDENTALS			\$ 0.00
SUBTOTAL	\$ 1,096.94	\$ 0.00	\$ 1,096.94
OTHER ELIGIBLE EXPENSES (specify and attach receipts)	Conference Fee	\$ 663.95	\$ 663.95
			\$ 0.00
			\$ 0.00
TOTALS: CLAIM AMOUNT & DIRECT PAID BY HRM (SECTIONS 2 & 3)	\$ 1,096.94	\$ 663.95	
TOTAL COST OF OUT-OF-TOWN TRAVEL			\$ 1,760.89

TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE	\$ 1,096.94
LESS ADVANCE RECEIVED ON	
BALANCE OWING (if negative, employee must repay amount to HRM)	
PAYABLE: <input type="radio"/> TO EMPLOYEE FROM HRM <input checked="" type="radio"/> FROM EMPLOYEE TO HRM	\$ 1,096.94

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT
HROP	E200		

EMPLOYEE SIGNATURE	DATE 2024-05-14
*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	5/7/24	5/1/24	5/9/24	5/10/24			
	Accommodations	\$ 201.37	\$ 201.37	\$ 201.37				
	B							
	L							
	S	\$ 18.80	\$ 25.30	\$ 25.30				
	Ground Transportation	\$ 198.49			\$ 198.49			
	Incidentals							
	Other		\$ 26.45					
	Daily Totals	\$ 418.66	\$ 253.12	\$ 226.67	\$ 198.49	\$ 0.00	\$ 0.00	\$ 0.00

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date							
	Accommodations							
	B							
	L							
	S							
	Ground Transportation							
	Incidentals							
	Other							
	Daily Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

ACCOMMODATIONS TOTAL	MEALS TOTAL	GROUND TRANSPORTATION TOTAL	INCIDENTALS TOTAL	OTHER TOTAL
\$ 604.11	\$ 69.40	\$ 396.98	\$ 0.00	\$ 26.45

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)	\$27.00	
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).