

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 Deputy Mayor Deagle Gammon	EMAIL deaglec@halifax.ca	PERIOD OF TRAVEL FROM 2024-06-05 TO 2024-06-10
HRM WORK LOCATION City Hall	PHONE	DESTINATION Calgary AB
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.) FCM Conference		

SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORATION (select from drop down menu) Air	\$ 51.75	\$ 1,169.56	\$ 1,221.31
KILOMETRAGE 0 – 20,000 km: _____ kms at <u>0.5838</u> per km	\$ 0.00		\$ 0.00
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	\$ 1,281.60	\$ 313.23	\$ 1,594.83
MEALS	\$ 133.50		\$ 133.50
GROUND TRANSPORTATION			\$ 0.00
INCIDENTALS	\$ 60.00		\$ 60.00
SUBTOTAL	\$ 1,526.85	\$ 1,482.79	\$ 3,009.64
OTHER ELIGIBLE EXPENSES (specify and attach receipts)	Conference registration	\$ 1,192.80	\$ 1,192.80
			\$ 0.00
			\$ 0.00
TOTALS: CLAIM AMOUNT & DIRECT PAID BY HRM (SECTIONS 2 & 3)	\$ 1,526.85	\$ 2,675.59	
TOTAL COST OF OUT-OF-TOWN TRAVEL			\$ 4,202.44

TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE	\$ 1,526.85
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	\$ 1,526.85

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT
HROP	6904	MA000001	

EMPLOYEE SIGNATURE	DATE 2024-06-19
*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	6/5/24	6/6/24	6/7/24	6/8/24	6/9/24	6/10/24	
	Accommodations		\$ 341.91	\$ 341.91	\$ 341.91	\$ 341.91		
	B							
	L							
	S		\$ 27.00		\$ 27.00			
	Ground Transportation							
	Incidentals	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	
	Other	\$ 27.70	\$ 27.70				\$ 24.10	
	Daily Totals	\$ 37.70	\$ 406.61	\$ 351.91	\$ 378.91	\$ 351.91	\$ 34.10	\$ 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
\$ 1,367.64	\$ 54.00	\$ 0.00	\$ 60.00	\$ 79.50

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).