Out-of-Town Travel Expense Account



EMPLOYEE #	VENDOR #					
	VERTICAL III	Accountin	g			
		Use Only	•			
SECTION 1 - CLAIMANT						
EMPLOYEE NAME	ME EMAIL			PERIOD OF TRAVEL FROM TO		
HRM WORK LOCATION PHONE DESTINA				TION		
PURPOSE OF TRAVEL (CC)NFERENCE, COUR	SE, NAME OF ORGAN	NIZATION, ETC.)			
SECTION 2 – TRAVEL EXPENSES						
EXPENSE				CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORATION (select from drop down menu)				7		EXI ENGE
KILOMETRAGE 0 – 16,000 km: kms at per km						
16,000.1+ 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	COST CENTRE EXPENS		E CODE	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.