

# HALIFAX

## SECTION 1 - CLAIMANT

## SECTION 2 – TRAVEL EXPENSES

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

|  |                      |                      |  |
|--|----------------------|----------------------|--|
| 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 |  |

|  |             |
|--|-------------|
| <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.