

# Out-of-Town Travel Expense Account



EMPLOYEE # <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 5px;"></div>	VENDOR # <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 5px;"></div>	Accounting Use Only
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## SECTION 1 - CLAIMANT

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

## SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORATION (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.

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 CENTRE	EXPENSE 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.