

# HALIFAX

**VENDOR #**

## Accounting Use Only

## 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 – 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:	<div>TO EMPLOYEE FROM HRM</div> <div>FROM EMPLOYEE TO HRM</div>	

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT

<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.