

Out-of-Town Travel Expense Account



EMPLOYEE # <input style="width: 90%;" type="text"/>	VENDOR # <input style="width: 90%;" type="text"/>	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 <small>(specify and attach receipts)</small>			
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.