Out-of-Town Travel Expense Account

	u								
EMPLOYEE #	<i>¥</i>	VENDOR #	F	Accounti	na				
				Use Only	•				
SECTION 1 - CI									
EMPLOYEE NAME EMAIL						PERIOD OF TRAVEL			
HRM WORK LOCATION PHONE DESTINA						-			
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.)									
SECTION 2 – TRAVEL EXPENSES CLAIM							DIRECT PAID	TOTAL	
EXPENSE						AMOUNT	BY HRM	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: TO EMPLOYEE FROM HRM FROM EMPLOYEE TO HE						EE TO HRM			
COMPAN		COST CENTRE EXPENS			SE CODE				
							UNI		
							DATE		
*APPROVED BY (NAME & TITLE)									
							DATE		
*APPROVER SIGNATURE							DATE		

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* Refer to the Employment Expense Authorization Grid in section seven (7) of the Employment Expense Reimbursement Policy for a listing of authorized approvers.