Out-of-Town Travel Expense Account



		<i>(</i> =1,15,05, <i>(</i>)	•					,	, , , ,
EMPLOYEE # VENDOR			Accounting Use Only						
SECTION 1 - CL	.AIMANT								
EMPLOYEE NAME Waye Mason EMAIL waye.mason@halifax.ca							PERIOD OI	TRAVEL 23-05-23 TO	2023-05-29
HRM WORK LC	P	HONE		DESTIN/					
City Hall PURPOSE OF 1	TRAVEL (CON	FERENCE, CO		02 430 78 1E OF ORG		Toronto ION, ETC.))		
FCM Annual Confe									
SECTION 2 – TR	RAVEL EXPE		CLAIM	DIRECT PAID	TOTAL				
TRANSPORAT	ION .	EXPENS		AMOUNT	BY HRM	EXPENSE			
(select from dr		nu) Air						\$ 459.71	\$ 459.71
KILOMETRA	KILOMETRAGE 0 – 20,000 km: 69.6 kms at 0.5770 per km								\$ 40.16
20,000.1+ km: kms at ^{0.5092} _ per km							\$ 0.00		\$ 0.00
SECTION 3 - DE	ESTINATION	EXPENSES	S (attach re	eceipts) -	- see pa	age 2 for	worksheet an	d additional deta	ils.
ACCOMMODA				\$ 946.03		\$ 946.03			
MEALS Per diem							\$ 233.00		\$ 233.00
GROUND TRA	NSPORTATIO	ON Beck tax	ci .				\$ 32.75	,	\$ 32.75
INCIDENTALS							\$ 60.00		\$ 60.00
SUBTOTAL							\$ 1,311.94	\$ 459.71	\$ 1,771.65
OTHER	Conference fee	9						\$ 1,125.48	\$ 1,125.48
ELIGIBLE EXPENSES									\$ 0.00
(specify and attach receipts)									\$ 0.00
TOTALS: CL	AIM AMOUNT	Γ & DIRECT	PAID BY	HRM (SE	ECTIONS	2 & 3)	\$ 1,311.94	\$ 1,585.19	
								OWN TRAVEL	\$ 2,897.13
TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE								\$ 1,311.94	
LESS ADVANCE RECEIVED ON 2023-03-16								\$ 1,071.03	
BALANCE OWING (if negative, employee must repay amount to HRM)									
PAYABLE: (TO EMPL	OYEE FRO	OM HRM	FI	ROM E	MPLOY	EE TO HRM	\$ 240.91	
COMPANY CODE COST CE			ST CENTR	RE EXPENSE CODE			AMOUNT		
						MA00	0007		
EMPLOYEE SIGNATURE Waye Mason Digitally signed by Waye Date: 2023.06.06 09:55:4							•	DATE	
*APPROVED B		ITI E\	Blackwood					l	
*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.

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Da	te [5/24/23	5/25/23	5/26/23	5/27/23	5/28/23	5/29/23	
Accommodation		\$ 189.20	\$ 189.20	\$ 189.20	\$ 189.20	\$ 189.23		
	в		\$ 13.00				\$ 13.00	
Meals (See daily	L [\$ 15.00	\$ 15.00				\$ 15.00	
maximums below)	s	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	
Ground Transportation							\$ 32.75	
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	
Oth	er							
Daily Totals		\$ 241.20	\$ 254.20	\$ 226.20	\$ 226.20	\$ 226.23	\$ 97.75	\$ 0.00
Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Da	ite 🗌							
Accommodatio	ns 🗌							
Meals	в							
(See daily maximums below)	L							
	s							
Ground Transportation								
Incidentals						_		
Other								
Daily Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
ACCOMMODATIONS MEALS TOTAL TOTAL			TRA	GROUND NSPORTATION TOTAL		IDENTALS TOTAL	OTHER TOTAL	
\$ 946.03	\$ 946.03 \$ 233.00		00	\$ 32.7	5	\$ 60.00		\$ 0.00

Accommodations: Detailed receipts required.

Meals: Per diem reimbursement (no receipts required) inclusive of tax & gratuities.

Breakfast (B) \$13.00 \$15.00 Lunch (L) Supper (S) \$27.00 DAILY MAXIMUM \$55.00*

*Meal reimbursements in excess of per diem amount require Director's approval and must be supported with appropriate detailed receipts for

allowable expenses for the day.

Meal cost will not be reimbursed where the cost is included in the air fare or in registration fees at conventions, conferences, training institutions, etc.

Ground Transportation: Detailed receipts required.

Incidentals: Daily rate \$10.00 (no receipts required).

Amounts shown above are Canadian Funds. All expenses should be converted to Canadian funds on Page 1 of claim (specify conversion rate used).