

Out-of-Town Travel Expense Account



EMPLOYEE # <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	VENDOR # <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Accounting Use Only
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SECTION 1 - CLAIMANT

EMPLOYEE NAME Councillor Waye Mason	EMAIL waye.mason@halifax.ca	PERIOD OF TRAVEL FROM 2023-05-03 TO 2023-05-05
HRM WORK LOCATION City Hall	PHONE 902.490.8462	DESTINATION Digby Pines, Digby Nova Scotia
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION, ETC.) NSFM Spring Conference in Digby		

SECTION 2 – TRAVEL EXPENSES

EXPENSE	CLAIM AMOUNT	DIRECT PAID BY HRM	TOTAL EXPENSE
TRANSPORATION (select from drop down menu) Vehicle			\$ 0.00
KILOMETRAGE 0 – 16,000 km: <u>472</u> kms at <u>0.5777</u> per km	\$ 272.67		\$ 272.67
16,001+ km: _____ kms at <u>0.5092</u> per km	\$ 0.00		\$ 0.00

SECTION 3 – DESTINATION EXPENSES (attach receipts) - see page 2 for worksheet and additional details.

ACCOMMODATIONS Digby Pines Resort		\$ 430.10	\$ 430.10
MEALS Daily Per Diem	\$ 111.00		\$ 111.00
GROUND TRANSPORTATION			\$ 0.00
INCIDENTALS	\$ 30.00		\$ 30.00
SUBTOTAL	\$ 413.67	\$ 430.10	\$ 843.77
OTHER ELIGIBLE EXPENSES (specify and attach receipts)	Registration fee	\$ 523.25	\$ 523.25
			\$ 0.00
			\$ 0.00
TOTALS: CLAIM AMOUNT & DIRECT PAID BY HRM (SECTIONS 2 & 3)	\$ 413.67	\$ 953.35	
TOTAL COST OF OUT-OF-TOWN TRAVEL			\$ 1,367.02

TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE	\$ 413.67
LESS ADVANCE RECEIVED ON	
BALANCE OWING (if negative, employee must repay amount to HRM)	
PAYABLE: <input checked="" type="radio"/> TO EMPLOYEE FROM HRM <input type="radio"/> FROM EMPLOYEE TO HRM	\$ 413.67

COMPANY CODE	COST CENTRE	EXPENSE CODE	AMOUNT
HR0P	E200	6904	

EMPLOYEE SIGNATURE Waye Mason	Digitally signed by Waye Mason Date: 2023.05.05 10:22:16 -03'00'	DATE 2023-05-05
*APPROVED BY (NAME & TITLE) Jerry Blackwood		
*APPROVER SIGNATURE		DATE May 15, 2023

* 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
Date		5/3/23	5/4/23	5/5/23				
Accommodations								
B								
Meals (See daily maximums below)								
L		\$ 1.00						
S								
Ground Transportation								
Incidentals								
Other								
Daily Totals		\$ 1.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date								
Accommodations								
B			\$ 13.00	\$ 13.00				
Meals (See daily maximums below)								
L		\$ 15.00		\$ 15.00				
S		\$ 27.00	\$ 27.00					
Ground Transportation								
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00				
Other								
Daily Totals		\$ 52.00	\$ 50.00	\$ 38.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

ACCOMMODATIONS TOTAL	MEALS TOTAL	GROUND TRANSPORTATION TOTAL	INCIDENTALS TOTAL	OTHER TOTAL
\$ 0.00	\$ 111.00	\$ 0.00	\$ 30.00	\$ 0.00

Accommodations: Detailed receipts required.

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

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

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).