| | | | | Print Forn |
|-------------------------------------|--|------------------------|--------------------------|----------------|
| TIATICA | OUT OF TOWN | For Accoun | nting Use Only | |
| LEATHER | TRAVEL EXPENSE ACCOUNT | .] | | |
| RIGIONAL MUNICIPAL | | | | |
| VENDOR # | EMPLOYEE # | | | |
| | | | | |
| SECTION 1 | | | | |
| EMPLOYEE NAME (Please Pri | nt) | PERIOD OF TRAVEL | | |
| Lorelei Nicoll HRM WORK LOCATION | PHONE # | From Sep 21, 201 | 7 70 | Sep 22, 2017 |
| 4th Floor, City Hall | 490-4050 RENCE, COURSE, NAME OF ORGANIZATION ETC) | Sydney, Nova Sco | otia | |
| | Municipality Caucus Meeting | | | |
| SECTION 2 | | | | |
| TRAVEL | | AMOUNTS | CLAIM | CHARGED TO HRA |
| | USE DROP DOWN MENU TO SELECT | | | |
| Rosence _ | KMS AT PER KM | | | |
| W/ Mancini | KMS AT PER KM | | | |
| SECTION 3 | | | | |
| MEALS AND LODGING: (ATTAC | H RECEIPTS Please see page 2 for detailed instructions | | | |
| Travelodo MEALS | ge Sydney | \$ 171.01 | | |
| | per diem | \$ 54.00 | | |
| 7 Dinner ROUND TRANSPORTATION | | | f | |
| LIGIBLE MISCELLANEOUS EXP | Total PENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS) | \$ 225.01 | \$ 225.01 | * |
| | E | | | |
| | * ** | | | |
| | | | | |
| | TOTAL EXP | PENSES - SECTION 2+3 | A 225 04 | |
| | | | \$ 225.01 | J |
| | | TOTAL COST TH | IIS CLAIM & CHARGE DIREC | \$ 225.01 |
| 9 | TOTAL TO BE F | REIMBURSED TO EMPLOYEE | \$ 225.01 | |
| | LESS ADVANCE RECEIVED DATED | AMOUNT | | |
| | BALANCE OWING HRM X Er | mployee AMOUN | \$ 225.01 | |
| COMPANY CORE | | | | |
| COMPANY CODE | COST CENTER EXPENSE CODE | AMOUNT | | |
| HROP | E200 6904 | \$ 225.01 | | 36 |
| ployee Signature | 22 | | Date | |
| proved by Name and | Title (Please Print) | | | |
| | | | | |
| proving Signature | | | Date | 82 od 21 |
| _ | | | | |

| Week 1 | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-----------------------|---|------------|------------|-------|-------|--------|-------|-------|
| Date YYYY-MM-DD | | 2017-09-21 | 2017-09-22 | | | | | |
| Accommodations | | \$ 171.01 | | _ == | | | | |
| | В | | | _ | | | | |
| Meals | L | | | | | | | |
| | S | \$27.00 | 27.00 | | , | _ ==== | | |
| Ground Transportation |) | | | | | | | |
| Incidentals | | | | | 1. | | | |
| Other | | | | | | | | |
| | | | | | | | | |
| Totals | | \$ 198.01 | \$ 27.00 | =. " | | | | |

| We | eek 2 | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-------------|-------------|-------|-------|-------|-------|-------|-------|-------|
| Date | YYYY-MM-DD | | | | | | | |
| Accommod | lations | | | | | | F | |
| Meals | В | | | | | | | |
| | L | , | | | | | | |
| | S | | | | | | | |
| Ground Trai | nsportation | | | | | | | |
| Incidentals | | | | | | | | |
| Other | | | | | | | | |
| | | | | | | | | |
| Totals | | | | | | | | |

Accommodations:

Detailed receipts required

Meals:

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

 Breakfast
 \$13.00

 Lunch
 \$15.00

 Supper
 \$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.

*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.

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).