					Print Form
HALIFA RIGIONAL MUNICI		WN (PENSE ACCOUN		nting Use Only	
VENDOR #	EMPLOYE				
SECTION 1					
EMPLOYEE NAME (Please	e Print)		PERIOD OF TRAVEL	7	7 20, 3017
Steve Craig HRM WORK LOCATION		PHONE #	DESTINATION	17 To S	Sep 29, 2017
4th Floor, City Hall		490-4050	Pictou, Nova Sco	tia	
	NFERENCE, COURSE, NAME OF			Harry Mary 1	
	Governance Conferen	ce	· · · · · · · · · · · · · · · · · · ·		20
SECTION 2			AMOUNTS	CLAIM	CHARGED TO HRM
TYPE Vehicle	USE DI	ROP DOWN MENU TO SELECT	Miliaditia	COAIM	CHARGED TO HAM
MILEAGE	174 KMS AT	0.46 PER KM	\$ 80.04	\$ 80.04	
	174 KMS AT	0.46 PER KM	\$ 80.04	\$ 80.04	
SECTION 3					
	TACH RECEIPTS } Please see pa	ge 2 for detailed instructions			
Pictou	Lodge		\$ 384.10	-	
MEALS		- 10	_		
GROUND TRANSPORTATION				-	
NCIDENTALS				·	
			<u> </u>		
LIGIBLE MISCELLANEOUS	EXPENSES- NOT INCLUDED ABO	Total DVE: (ATTACH RECEIPTS)	\$ 384.10	\$ 384.10	
Conference Registrat	ion]	
<u> </u>				1	
	8	W W		-	
				\$ 258.75	
		TOTAL	EXPENSES - SECTION 2+3	\$ 802.93	
			TOTAL COST T	HIS CLAIM & CHARGE DIRECT	\$ 802.93
		TOTAL TO B	BE REIMBURSED TO EMPLOYER	s \$ 802.93	6
	LESS ADVANCE	RECEIVED DATED	AMOUN		
14	BALANCE O'MNG	HRM X	Employee	\$ 802.93	
COMPANY	*				
COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT		•
HROP	E110	6902	\$ 802.93		
oloyee Signature				Date	2/13,20
oroved by Name an	d litte (Please Print)				
y		L.			
proving Signature				Date	
and any investment					x+17,2017

W	/eek 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2017-09-27	2017-09-28	2017-09-29	l.			
Accommodations		\$ 192.05	\$ 192.05					
	В							
Meals	L							
	<u> </u>						,	
Ground Tra	ansportation							
Incidentals		1						
Other		\$ 258.75					1	
		\$ 80.04		\$ 80.04				
Totals		\$ 530.84	\$ 192.05	\$ 80.04				

Wee	ek 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD					40		
Accommoda	tions						_	
Meals	B'							
	L							
	S	1		a .				
Ground Trans	sportation							- 6
Incidentals	,							
Other				1				
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 détailed 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).