| | | | | | Print Form |
|--|------------------------|--|------------------------|---------------------------|----------------|
| LIATIEAS | OUT OF TO | OWN | For Acco | unting Use Only | |
| | / | XPENSE ACCOUNT | • 3 | | |
| RUGIOSAL MUNICIPA | 1117 | | | | |
| VENDOR # | EMPLOYE | E # | | | |
| | | | | - | |
| SECTION 1 | · | | | | |
| EMPLOYEE NAME (Please Pr | int) | (6) | PERIOD OF TRAVEL | | |
| Bill Karsten | | | Liov 19, 20 | 17 | Nov 24, 2017 |
| HRM WORK LOCATION | | PHONE # | DESTINATION | | |
| 4th Floor, City Hall | | 490-4050 | Ottawa, Ontario | | |
| PURPOSE OF TRAVEL (CONFE | RENCE, COURSE, NAME OF | ORGANIZATION ETC) | | | |
| November 2017 FCM | Board Meeting | | | | |
| SECTION 2 | | - | • | | |
| TRAVEL | | | AMOUNTS | CLAIM | CHARGED TO HRM |
| Air TON PO | and for flight | ROP DOWN MENU TO SELECT | | | X |
| MILEAGE | Will | 0.46 | \$ 25.76 | \$ 25.76 | |
| _ | 56 KMS AT | 0.46 PER KM | 7 23.70 | 2 23.70 | 0 |
| 94 | KMS AT | PER KM | | | |
| MEALE AND LODGING: (ATTAC | U DECEIDTE : Discourse | N for data W-11 | | | |
| MEALS AND LODGING: (ATTAC | | ige 2 for detailed instructions | \$1,080.08 | | |
| MEALS | Chateau Laurier | | | - | |
| 3 Dinner GROUND TRANSPORTATION | per diem | | \$ 81.00 | - | |
| Taxi | | | \$ 59.53 | | |
| NCIDENTALS 4 days | | | \$ 20.00 | = | |
| | | | \$1,260.614 | \$1,240.61 | |
| ELIGIBLE MISCELLANEOUS EXP | ENSES- NOT INCLUDED AB | Total OVE: (ATTACH RECEIPTS) | \$1,250.012 | 31,240.01 | |
| Airport Parking | | | | | |
| Authorrearking | | | | | |
| | | | | - | |
| | 8 | 8 | | \$ 105.00 | |
| | | TOTAL EX | PENSES - SECTION 2 + 3 | 51,371,37 | |
| | | | | 13,11,17 | |
| | | | TOTAL COST I | HIS CLAIM & CHARGE DIRECT | 61 271 27 |
| all-workstein is no no measurement among men and a mental all-splittening discoloring disc | The second second | | 10176 00311 | | \$1,371.37 |
| | , | * " " 44 m | w ** | \$1,371,37 | |
| | VEST - IV-1125 | | | | |
| | 5047 Jay 17 19 27 | The state of the s | | | |
| | Fedgle on Str | HRM × E | mployee . | . \$1 371.37 | |
| COMBANICAGE | | | | | |
| COMPANY CODE | COST CENTER | EXPENSE CODE | AMOUNT | | |
| HROP | E200 | 6904 | \$1,371.37 | | |
| | | | | | |
| ployee Signature | | | | Date | |
| 95 | | | | | |
| proved by Name and | Title (Please Print) | | | | |
| 10 | | | | · | |
| proving Signature | | | | Date | No 1 DOY |

| Week 1 | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | |
|-----------------------|------------|-----------|------------|------------|------------|------------|------------|------------|--|
| Date | YYYY-MM-DD | | 2017-11-19 | 2017-11-20 | 2017-11-21 | 2017-11-22 | 2017-11-23 | 2017-11-24 | |
| Accommodations | | \$ 270.02 | \$ 270.02 | \$ 270.02 | \$ 270.02 | | | | |
| 4 | | В | | | i. | | | | |
| Meals | | l. | | | | | | | |
| | • | 5 | \$27.00 | 27 00 | | | \$27.00 | | |
| Ground Transportation | | \$ 59.53 | | | | | | | |
| Incidentals | • | | \$ 10.00 | \$ 10.00 | | | | | |
| Other | | | | | | | \$ 130.76 | | |
| | | | | | | | | | |
| Totals | | | \$ 366.55 | \$ 307.02 | \$ 270.02 | \$ 270.02 | \$ 27.00 | \$ 130.76 | |

| Week 2 | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|------------|--------------|-------|-------|-------|-------|-------|----------|-------|
| Date | YYYY-MM-DD | | | | | | <u> </u> | |
| Accommo | dations | | | | | | | |
| | В | | | | | | | |
| Meals | L | | | | | | | |
| | S | | | | | | | |
| Ground Tr | ansportation | | | | | | | |
| Incidental | 5 | | | | | | - | |
| Other | | | | | | | | |
| | | | , | | | | | |
| Totals | | ı | | | | | | |

Accommodations:

Detailed receipts required

Meals:

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

 Breaktist
 \$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).