familia and a base of	~ ~ IRAVELEAD				
REGIONAL MUNICIPAL	PALITY	PENSE ACCOUNT	'		
VENDOR #	EMPLOYEE #	<u>'</u>			
<u>L</u>					
SECTION 1 EMPLOYEE NAME (Please	Parlant				
			PERIOD OF TRAVEL		F 1 0 2010
Councillor Russell 1 HRM WORK LOCATION	walker	PHONE #	From Feb 6, 20)18 To	Feb 8, 2018
4th Floor, City Hall		490-4050	Ottawa, Ontari	io	
PURPOSE OF TRAVEL (CON	FERENCE, COURSE, NAME OF OF		T Octavia, Oritar		
FCM 2018 Sustainal	bility Conference				
SECTION 2					
TRAVEL TYPE			AMOUNTS	CLAIM	CHARGED TO HE
Air	USE DRO	P DOWN MENU TO SELECT			\$ 400.03
MILEAGE	UMC AT				-
	KMS AT	PER KM		_	-
SECTION 2	KMS AT	PER KM			_
SECTION 3 MEALS AND LODGING: (ATT/	ACH RECEIPTS Please see page	2 for detailed instructions			-
ACCOMODATIONS	estin Ottawa		\$ 597.00	7	9 8
WEALS			79	_	
3 Dinnoground TRANSPORTATION	er per diem		\$ 81.00		-
NCIDENTALS	elled W/Bill				3.8
3 Days			ć 30.00	102	
3 50,3			N 3011111		
		Total	\$ 30.00	- \$ 409 50	\$ 200 50
LIGIBLE MISCELLANEOUS E	XPENSES- NOT INCLUDED ABOV	Total E: (ATTACH RECEIPTS)	\$ 708.00	\$ 409.50	\$ 298.50
	XPENSES- NOT INCLUDED ABOV	Total E: (ATTACH RECEIPTS)		\$ 409.50	\$ 298.50
Raggage		Total E: (ATTACH RECEIPTS)		\$ 409.50	\$ 298.50
Baggage		Total E: (ATTACH RECEIPTS)		\$ 409.50	
		Total E: (ATTACH RECEIPTS)		\$ 409.50	\$ 298.50 \$ 702.86
Raggage		E: (ATTACH RECEIPTS)		\$ 57.50	\$ 702.86
Baggage		E: (ATTACH RECEIPTS)	\$ 708.00	\$ 57.50	69
Baggage		E: (ATTACH RECEIPTS)	\$ 708.00 (PENSES - SECTION 2+3	\$ 57.50	\$ 702.86
Baggage		E: (ATTACH RECEIPTS) TOTAL EX	\$ 708.00 (PENSES - SECTION 2+3	\$ 57.50 \$ 467.00	\$ 702.86
Baggage		E: (ATTACH RECEIPTS) TOTAL EX	\$ 708.00 (PENSES - SECTION 2+3	\$ 57.50 \$ 467.00	\$ 702.86
Baggage		E: (ATTACH RECEIPTS) TOTAL EX	\$ 708.00 (PENSES - SECTION 2+3	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR	\$ 702.86
Raggage	LESS ADVANCE REC	TOTAL EX	\$ 708.00 CPENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR	\$ 702.86
Raggage	LESS ADVANCE REC	TOTAL EX	\$ 708.00 CPENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR	\$ 702.86
Raggage	LESS ADVANCE REC	TOTAL EX	\$ 708.00 CPENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR	\$ 702.86
Raggage Conference Fee (6902)	LESS ADVANCE REC	TOTAL EX TOTAL TO BE CEIVED DATED HRM EXPENSE CODE	\$ 708.00 (PENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY AMOUNT	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR	\$ 702.86
Raggage Conference Fee (6902)	LESS ADVANCE REC	TOTAL EX TOTAL TO BE CEIVED DATED HRM E E E TOTAL TO BE	\$ 708.00 CPENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY AMOU	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR	\$ 702.86
Company code HROP	LESS ADVANCE REC	TOTAL EX TOTAL TO BE CEIVED DATED HRM EXPENSE CODE	\$ 708.00 (PENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY AMOUNT	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR S 467.00 UNT \$ 467.00	\$ 702.86
Raggage Conference Fee (6902)	LESS ADVANCE REC	TOTAL EX TOTAL TO BE CEIVED DATED HRM EXPENSE CODE	\$ 708.00 (PENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY AMOUNT	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR	\$ 702.86
Conference Fee (6902) COMPANY CODE HROP Ployee Signature	LESS ADVANCE RECEIVED TO THE PROPERTY OF THE P	TOTAL EX TOTAL TO BE CEIVED DATED HRM EXPENSE CODE	\$ 708.00 (PENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY AMOUNT	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR S 467.00 UNT \$ 467.00	\$ 702.86
Conference Fee (6902) COMPANY CODE HROP Ployee Signature	LESS ADVANCE REC	TOTAL EX TOTAL TO BE CEIVED DATED HRM EXPENSE CODE	\$ 708.00 (PENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY AMOUNT	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR S 467.00 UNT \$ 467.00	\$ 702.86
Conference Fee (6902) COMPANY CODE HROP Ployee Signature	LESS ADVANCE RECEIVED TO THE PROPERTY OF THE P	TOTAL EX TOTAL TO BE CEIVED DATED HRM EXPENSE CODE	\$ 708.00 (PENSES - SECTION 2+3 TOTAL COST REIMBURSED TO EMPLOY AMOUNT	\$ 57.50 \$ 467.00 THIS CLAIM & CHARGE DIRECTOR S 467.00 UNT \$ 467.00	\$ 702.86

Print Form

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYY	Y-MM-DD	2018-02-06	2018-02-07	2018-02-08				
Accommodations			\$ 298.50					,
,	В			ं				
Meals	L			1				
	S	\$27.00	27.00	\$27.00			-	
Ground Transport	tation			2 =				
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00				
Other		\$ 28.75		\$ 28.75	,			
Totals		\$ 65.75	\$ 335.50	\$ 65.75				

V	Week 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-D	D						
Accommo	odations							
	E	3						
Meals	, <u> </u>							
Ground Tr	ransportation							
Incidental	s							
Other					(6)			
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 3

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).