HALIFA	OUT OF TOV	VN PENSE ACCOUNT		unting Use Only			
REGIONAL MUNICIPA	EMPLOYEE #						
SECTION 1							
EMPLOYEE NAME (Please P	rint)		PERIOD OF TRAVEL				
Councillor Russell W hrm work location	/alker	PHONE #	From May 10, 2018 To May 12, 2018  DESTINATION				
4th Floor, City Hall	ERENCE, COURSE, NAME OF O	490-4050	Yarmouth, Nov	a Scotia			
Nova Scotia Federati	ion of Municipalities S <sub>l</sub>	oring Conference 2018	3	· · · · · · · · · · · · · · · · · · ·			
SECTION 2			AMOUNTS	CLAIM	CHARGED TO HRM		
TYPE Vehicle	USE DRO	OP DOWN MENU TO SELECT	AMOUNTS	CEAIM	CAARGED TO HAM		
		51 551111111111111111111111111111111111		_	-		
MILEAGE	600 KMS AT	0.46 PER KM	\$ 276.00	\$ 276.00	×		
			-				
	KMS AT	PER KM			-		
ECTION 3							
CCOMODATIONS	CH RECEIPTS ) Please see page	e 2 for detailed instructions	A 272.22				
	and Yarmouth		\$ 278.30	_			
	fast, 11 unch, 1 Supper		\$ 68.00		*		
ROUND TRANSPORTATION	Mary Committee of the C		· ·	- 11			
NCIDENTALS				_	22		
3 Days			\$ 30.00				
3 Days			\$ 376.30	 \$ 376.30			
LIGIBLE MISCELLANEOUS EX	(PENSES- NOT INCLUDED ABOV	Total VE: (ATTACH RECEIPTS)	4 27 2.20		-		
140	102)				92		
Conference Fee	102)			-			
					\$ 327.00		
		TOTAL E	XPENSES - SECTION 2+3	\$ 652.30	\$ 327.00 (695		
				-			
			TOTAL COST	THIS CLAIM & CHARGE DIRE	scт \$ 979.30		
		TOTAL TO B	E REIMBURSED TO EMPLOY	FEE \$ 652.30	4		
		9	70	-			
	LESS ADVANCE RI	ECEIVED DATED	AMOL	TAIL TAIL	_		
	BALANCE OWNG	HRM 🔀	Employee AMOI	<sub>UNT</sub> \$ 652.30			
COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT				
HOOD							
HROP	E200	6904	\$ 652.30				
ployee Signature				Date			
	M 1						
proved by Name and	l Title (Please Print)						
proving Signature				Date			
Proving Signature				Date			

Print Form

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-MM-DD Accommodations		\$ 139.15	2018-05-11 \$ 139.15	2018-05-12				
Meals	L			\$15.00	31		2,	
	5	\$27.00			£			II.
Ground Transportation							5	
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00				
Other		\$ 138.00	3	\$ 138.00				
						35	-	
Totals		\$ 314.15	\$ 162.15	\$ 176.00				

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYY	Y-MM-DD	- 25	S .		9			
Accommodations		- 0	===	25				
Meals	В						92	
	L			- 32				
	S							
Ground Transport	ation							
Incidentals	5							
Other		<del></del>		2.1			15.	
					150			
Totals							Д	

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).