יא ידו דא ד די		OVACAL	For Accou	For Accounting Use Only				
HALIFA	OUT OF TO	XPENSE ACCOUN	IT					
REGIONAL MUNICIPA								
VENDOR #	EMPLOY	EE #						
SECTION 1 EMPLOYEE NAME (Please F	Delati		PERIOD OF TRAVEL					
	,,,,,		W1000	018 Ta	May 12, 2018			
Richard Zurawski		PHONE #	From May 10, 20	710	Way 12, 2010			
		THORE #	DESTINATION					
4th Floor, City Hall		490-4050	Yarmouth, Nova	Scotia				
PURPOSE OF TRAVEL (CONF	ERENCE, COURSE, NAME O	F ORGANIZATION ETC)						
Nova Scotia Federat	ion of Municipalities	2018 Spring Conferen	ce					
SECTION 2								
TRAVEL			AMOUNTS	CLAIM	CHARGED TO HR			
TYPE Vehicle	USE	DROP DOWN MENU TO SELECT						
MILEAGE		-			-			
	455 KMS AT	0.46 PER KM	\$ 209.30	\$ 209.30				
	455 KMS AT	0.46 PER KM	\$ 209.30	\$ 209.30				
SECTION 3			,		-			
	CH RECEIPTS) Please see :	page 2 for detailed instructions			-			
ACCOMODATIONS	stern Mermaid Yarmo		\$ 244.70					
MEALS				-1				
3 Break	fast, 31 unch, 3 Dinner	per diem	\$ 165.00	_				
GROUND TRANSPORTATION								
INCIDENTALS				-				
				_[
		Total	\$ 409.70	\$ 165.00	\$ 244.70			
ELIGIBLE MISCELLANEOUS E		BOVE: (ATTACH RECEIPTS)		٦				
Conference Fee (9	102)							
	- M			-	110			
					\$ 327.00 (6%)			
	120	TOTAL	EXPENSES - SECTION 2+3	\$ 583.60	\$ 571.70			
				14 202.00	٠,١,٠٥			
		10	TOTAL COST	THIS CLAIM & CHARGE DIRE	ст \$1,155.30			
		TOTALITO	BE REIMBURSED TO EMPLOYE	\$ 583.60				
		101712 10						
	LESS ADVANC	E RECEIVED DATED	AMOU	NT	_			
	BALANCE OWING	HRM X	Employee AMOU	\$ 583.60	_			
COMPANIA SCOT	8							
COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT					
HROP	E200	6904	\$ 583.60					
ployee Signature			i si	Date				
p.oyee signature				Date				
proved by Name and	Title (Please Print	3)						

Date

Approving Signature

Print Form

V	Veek 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-	DD	2018-05-10	2018-05-11	2018-05-12		= 3		
Accommo	dations		1 4 1						
		В	\$13.00	\$13.00	\$13.00				
Meals	_	L	\$15.00	\$15.00	\$15.00		, -	7	
	_	5	\$27.00	27.00	\$27.00				
Ground Tr	ansportation								
Incidental:	s			2 1		I A			
Other .			\$ 209.30		\$ 209.30				
	,					3			
Totals			\$ 264.30	\$ 55.00	\$ 264.30				

Week	2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date Y	YYY-MM-DĐ							
Accommodation	ons			_ 1		,		
Meals	В		II			Feel		
	L							
	5							
Ground Transp	ortation							
Incidentals				· .		95		
Other					53			
							-	
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 receigts for allowable expenses for the day.

Ground Transportation:

Detailed receipts requir

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).