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M. M.			XX	_
RUGIONAL	Mu	NICL	PARLEY	5

OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only					
of Accounting Ose Only					
N 2 4					

Print Form

		EMPLOYEE #	99						
SECTION 4	1								
SECTION 1 EMPLOYEE NAME (Please	Print)	100 04094-140 V	O BORREST NA	14,12,12	PERIOD OF TRAVEL				
	. corres				0010 -	Son 14 3010			
Bill Karsten HRM WORK LOCATION PHONE #					From Sep 10, 2018 то Sep 14, 2018				
				FILUNE	DESTINATION	NEW TAKEN DELIVE			
4th Floor, City Hall				-4050	Cornwallis, No	va Scotia			
PURPOSE OF TRAVEL (CON	FERENCE, CO	URSE, NAME OF O	RGANIZATIO	N ETC)					
FCM September 20	18 Board M	Meeting							
SECTION 2									
TRAVEL.					AMOUNTS	CLAIM	CHARGED TO HR		
Vehicle		USE DRO	P DOWN ME	NU TO SELECT					
WILEAGE							-		
	_ 498	KMS AT	0.46	PER KM	\$ 229.08	\$ 229.08			
		KMS AT		PER KM		_			
ECTION 3	1011 5505	0.1.00							
MEALS AND LODGING: (ATTA				a instructions	A 503	_			
Annapo MEALS	olis Başin Co	onference Cent	re		\$ 593.40	_			
2 SUDD	er per dien	3			\$ 54.00	- 12			
ROUND TRANSPORTATION					W	<u> </u>			
NCIDENTALS						_			
2 days					\$ 20.00		1 1		
				Total	\$ 667.40	\$ 667.40			
				10(4)	7 00/110	1 + ++++++			
LIGIBLE MISCELLANEOUS E	XPENSES- NO	T INCLUDED ABOV	E: (ATTACH	RECEIPTS)					
	XPENSES- NO	T INCLUDED ABOV	E: (ATTACH	RECEIPTS)			75.		
LIGIBLE MISCELLANEOUS E	XPENSES- NO	T INCLUDED ABOV	E: (ATTACH	RECEIPTS)			7		
	XPENSES- NO	T INCLUDED ABOV	E: (ATTACH	RÉCEIPTS)			7.		
	XPENSES- NO	T INCLUDED ABOV	E: (ATTACH	RECEIPTS)		\$ 600	7.		
	XPENSES- NO	TINCLUDED ABOV	E: (ATTACH			\$ 6.00			
	XPENSES- NO	TINCLUDED ABOV	E: (ATTACH		KPENSES - SECTION 2+3				
	XPENSES- NO	T INCLUDED ABOV	E: (ATTACH		(PENSES - SECTION 2+3				
	XPENSES- NO	TINCLUDED ABOV	E: (ATTACH			\$ 902.48			
	XPENSES- NO	TINCLUDED ABOV	E: (ATTACH				\$ 902.48		
	XPENSES- NO	TINCLUDED ABOV	E: (ATTACH	TOTAL E		\$ 902.48 THIS CLAIM & CHARGE DIREC	\$ 902.48		
				TOTAL E	TOTAL COST	\$ 902.48 THIS CLAIM & CHARGE DIRECTOR			
		ESS ADVANCE RE		TOTAL E	TOTAL COST	\$ 902.48 THIS CLAIM & CHARGE DIREC	,		
	L	ESS ADVANCE RE	CEIVED DATE	TOTAL E	TOTAL COST	\$ 902.48 THIS CLAIM & CHARGE DIRECT THE \$ 902.48	,		
		ESS ADVANCE RE		TOTAL E	TOTAL COST	\$ 902.48 THIS CLAIM & CHARGE DIRECTOR	,		
	L	ESS ADVANCE RE	CEIVED DATE	TOTAL TO BE	TOTAL COST REIMBURSED TO EMPLOY AMOL Employee AMOL	\$ 902.48 THIS CLAIM & CHARGE DIRECT THE \$ 902.48			
Airport Parking COMPANY CODE	L BALANCE COST (ESS ADVANCE REG	CEIVED DATE	TOTAL TO BE	TOTAL COST REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 902.48 THIS CLAIM & CHARGE DIRECT THE \$ 902.48			
Airport Parking	L BALANCE COST (ESS ADVANCE RE	CEIVED DATE	TOTAL TO BE	TOTAL COST REIMBURSED TO EMPLOY AMOL Employee AMOL	\$ 902.48 THIS CLAIM & CHARGE DIRECT THE \$ 902.48			
Airport Parking COMPANY CODE	L BALANCE COST (ESS ADVANCE REG	CEIVED DATE	TOTAL TO BE	TOTAL COST REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 902.48 THIS CLAIM & CHARGE DIRECT THE \$ 902.48			
Airport Parking COMPANY CODE	L BALANCE COST (ESS ADVANCE REG	CEIVED DATE	TOTAL TO BE	TOTAL COST REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 902.48 THIS CLAIM & CHARGE DIRECT ZEE \$ 902.48 UNT \$ 902.48			
COMPANY CODE HROP	L BALANCE COST (ESS ADVANCE REG	CEIVED DATE	TOTAL TO BE	TOTAL COST REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 902.48 THIS CLAIM & CHARGE DIRECT THE \$ 902.48			
COMPANY CODE HROP	BALANCE COST	ESS ADVANCE REG	CEIVED DATE	TOTAL TO BE	TOTAL COST REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 902.48 THIS CLAIM & CHARGE DIRECT ZEE \$ 902.48 UNT \$ 902.48			

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-MM-DD		2018-09-10	2018-09-11	2018-09-12	2018-09-13	2018-09-14	1 -	
Accommodations		\$ 148.35	\$ 148.35	\$ 148.35	\$ 148.35			== ==
	В							,
Meals	L		Í					
	S	\$27.00	\$00.00			\$27.00		
Ground Transportatio	n							
Incidentals		\$ 10.00	\$ 10.00					
Other		\$ 114.54				\$ 114.54		,
		\$ 6.00						
Totals		\$ 305.89	\$ 158.35	\$ 148.35	\$ 148.35	\$ 141.54		

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-MM-DD								
Accommodation	ons							
	В							
Meals	L.		· · ·					
	. 5			i				
Ground Transp	ortation							
Incidentals								
Other								
Totals								

Accommodations:

Detailed receipts required

Meals:

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

Breakfast

\$13.00

Lunch

Supper

\$15.00

\$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).