HALIFAX	OUT OF TOWN TRAVEL EXPENSE ACCOUNT	For Accounting Use Only	
REGIONAL MUNICIPALE	TY TRAVEL EXPENSE ACCOUNT		
VENDOR #	EMPLOYEE #		
		E	
SECTION 1	- F		
EMPLOYEE NAME (Please Print Russell Walker		PERIOD OF TRAVEL From Nov 19, 2018 To	Nov 23, 2018
HRM WORK LOCATION	PHONE #		1100 23, 2016
4th Floor, City Hall	0	Ottawa, Ontario	on and displaying following states where where where
PURPOSE OF TRAVEL (CONFERE	ENCE, COURSE, NAME OF ORGANIZATION ETC)		
FCM 2018 November B	oard Meeting		
SECTION 2			
TYPE Air	USE DROP DOWN MENU TO SELECT	AMOUNTS - CLAIM	CHARGED TO HRM
MILEAGE	OSE BIOF BOTH MERO TO SELECT	\$ 551.83	\$ 551.83
Tra	KMS AT PER KM	::	<u>: -</u> -
	KMS AT PER KM		
SECTION 3			
ACCOMODATIONS	RECEIPTS) Please see page 2 for detailed instructions	\$1,000,60	
Fairmont C	hateau Laurier	\$1,090.60 \(\frac{1}{2}\)	
1 Breakfast GROUND TRANSPORTATION	, 7 Lunch, 3 Supper	\$ 124.00	
Taxi INCIDENTALS		\$ 106.30	
5 Days		\$ 50.00	
	Total	\$1,370.90 \$1,370.90	
ELIGIBLE MISCELLANEOUS EXPER	NSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)		
Baggage			
		\$ 69.00	
	TOTAL EX	KPENSES - SECTION 2+3	
		\$1,439.90	\$ 551.53
		TOTAL COST THIS CLAIM & CHARGE DIRE	scт \$1,991.43 /
	TOTAL TO BE	REIMBURSED TO EMPLOYEE \$1,439.90	
			_
	EESS ADVANCE RECEIVED DAVED.	AMOUNT	-
1	BALANCE OWING HRM	Employee AMOUNT \$1,439.90	_
COMPANY CODE	COST CENTER EXPENSE CODE	AMOUNT	
HROP	E200 6904	\$1,439.90	
ployee Signature		Date	
proved by Name and Ti	tle (Please Print)		
proving Signature		Date	

Print Form

V	Veek 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-D	D	2018-11-19	2018-11-20	2018-11-21	2018-11-22	2018-11-23		
Accommodations			\$ 272.65	\$ 272.65	\$ 272.65	\$ 272.65		14	
		В				\$13.00	V29	×	
Meals		L	\$15.00				\$15.00		
	_	S	\$27.00	27.00		\$27.00			
Ground Tr	ansportation		\$ 106.30		3			車	
Incidentals			\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		
Other			\$ 34.50				\$ 34.50		
Totals			\$ 465.45	\$ 309.65	\$ 282.65	\$ 322.65	\$ 59.50	-	

v	Veek 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommo	odations							
Meals	В							
	æ L							
	S							22.
Ground Tra	ansportation							
Incidentals	5							
Other				13				
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

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).