-	TRAVEL EXPE	N NSE ACCOUN	т 1		
REGIONAL MUNICIPAL VENDOR#	LITY EMPLOYEE #				
SECTION 1 EMPLOYEE NAME (Please Pri	inti	APPARENT AND THE PARENT AND THE PARE	PERIOD OF TRAVEL		
Bill Karsten	,		From Mar 11, 20	19 то	Mar 16, 2019
HRM WORK LOCATION		PHONE #	DESTINATION		
4th Floor, City Hall		490-4050	Penticton, British	Columbia	
PURPOSE OF TRAVEL (CONFE	RENCE, COURSE, NAME OF ORGA		rendeton, britisi	Columpia	
FCM 2019 March Boar	rd Meeting				
SECTION 2	50				
TRAVEL	***	0	AMOUNTS	CLAIM	CHARGED TO HE
Air	USE DROP D	OWN MENU TO SELECT	\$1,263.77		\$1,263.77
MILEAGE	68 KMS AT (0.46	\$ 31.28	\$ 31.28	
_		0.46 PER KM	4 31.20 gg	3 31.20	
-	KMS AT	PER KM			
SECTION 3 MEALS AND LODGING: (ATTACH	H RECEIPTS) Please see page 2 f	or detailed Instructions			
Ramada P	·		\$ 579.60	1	
IEALS				·	
ROUND TRANSPORTATION	3. Supper per diem		\$ 96.00	-	
Taxi Taxi		58	\$ 102.05		1 1
				1	F
6 Days			\$ 60.00		1 1
		Total	\$ 60.00	\$ 837.65	
	ENSES- NOT INCLUDED ABOVE:	Total (ATTACH RECEIPTS)		\$ 837.65	
	ENSES- NOT INCLUDED ABOVE:	Total (ATTACH RECEIPTS)		\$ 837.65	
ELIGIBLE MISCELLANEOUS EXPE	ENSES- NOT INCLUDED ABOVE:	Total (ATTACH RECEIPTS)		\$ 837.65	
LIGIBLE MISCELLANEOUS EXPE	ENSES- NOT INCLUDED ABOVE:	Total (ATTACH RECEIPTS)			
ELIGIBLE MISCELLANEOUS EXPE	ENSES- NOT INCLUDED ABOVE:	(ATTACH RECEIPTS)	\$ 837.65	\$ 837.65	
ELIGIBLE MISCELLANEOUS EXPE	ENSES- NOT INCLUDED ABOVE:	(ATTACH RECEIPTS)			\$1,263.77
ELIGIBLE MISCELLANEOUS EXPE	ENSES- NOT INCLUDED ABOVE:	(ATTACH RECEIPTS)	\$ 837.65	\$ 179.00	\$1,263.77
LIGIBLE MISCELLANEOUS EXPE	ENSES- NOT INCLUDED ABOVE:	(ATTACH RECEIPTS)	\$ 837.65 \(\frac{1}{2}\)	\$ 179.00	
LIGIBLE MISCELLANEOUS EXPE	ENSES- NOT INCLUDED ABOVE:	(ATTACH RECEIPTS) TOTAL E	\$ 837.65 \(\frac{1}{2}\) TOTAL COST THE	\$ 179.00 \$1,047.93	
LIGIBLE MISCELLANEOUS EXPE	ENSEŞ- NOT INCLUDED ABOVE:	(ATTACH RECEIPTS) TOTAL E	\$ 837.65 \(\frac{1}{2}\)	\$ 179.00 \$1,047.93	
LIGIBLE MISCELLANEOUS EXPE	ENSES- NOT INCLUDED ABOVE:	(ATTACH RECEIPTS) TOTAL EX	\$ 837.65 \(\frac{1}{2}\) TOTAL COST THE	\$ 179.00 \$1,047.93 IIS CLAIM & CHARGE DIREC \$1,047.93	
LIGIBLE MISCELLANEOUS EXPE		(ATTACH RECEIPTS) TOTAL EXTENSION OF TOTAL TO BE	\$ 837.65 A KPENSES - SECTION 2+3 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT	\$ 179.00 \$1,047.93 IIS CLAIM & CHARGE DIREC \$1,047.93	-
LIGIBLE MISCELLANEOUS EXPI	LESS ADVANCE RECEIV	(ATTACH RECEIPTS) TOTAL EXTENSION OF TOTAL TO BE	\$ 837.65 A KPENSES - SECTION 2+3 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT	\$ 179.00 \$1,047.93 IIS CLAIM & CHARGE DIREC \$1,047.93	
ELIGIBLE MISCELLANEOUS EXPE	LESS ADVANCE RECEIV	(ATTACH RECEIPTS) TOTAL EXTENSION OF TOTAL TO BE	\$ 837.65 A KPENSES - SECTION 2+3 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT	\$ 179.00 \$1,047.93 IIS CLAIM & CHARGE DIREC \$1,047.93	
LIGIBLE MISCELLANEOUS EXPI	LESS ADVANCE RECEIVE	TOTAL EXTENDED TOTAL TO BE MADE TO TAKE T	\$ 837.65 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT	\$ 179.00 \$1,047.93 IIS CLAIM & CHARGE DIREC \$1,047.93	
ELIGIBLE MISCELLANEOUS EXPI	LESS ADVANCE RECEIVED HR	TOTAL EXPENSE CODE	\$ 837.65 1 EXPENSES - SECTION 2+3 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT Employee AMOUNT	\$ 179.00 \$1,047.93 IIS CLAIM & CHARGE DIREC \$1,047.93	
ELIGIBLE MISCELLANEOUS EXPI	LESS ADVANCE RECEIVED HR	TOTAL EXPENSE CODE	\$ 837.65 1 EXPENSES - SECTION 2+3 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT Employee AMOUNT	\$ 179.00 \$1,047.93 IIS CLAIM & CHARGE DIREC \$1,047.93	
ELIGIBLE MISCELLANEOUS EXPERISACION DE LIGIBLE MISCELLANEOUS EXPERIS	LESS ADVANCE RECEIVED HR	TOTAL EXPENSE CODE	\$ 837.65 1 EXPENSES - SECTION 2+3 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT Employee AMOUNT	\$ 179.00 \$1,047.93 S1,047.93 \$1,047.93	
ELIGIBLE MISCELLANEOUS EXPERISACION DE LIGIBLE MISCELLANEOUS EXPERIS	LESS ADVANCE RECEIVED HR. BALANCE OWING HR. COST CENTER E200	TOTAL EXPENSE CODE	\$ 837.65 1 EXPENSES - SECTION 2+3 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT Employee AMOUNT	\$ 179.00 \$1,047.93 S1,047.93 \$1,047.93	
COMPANY CODE HROP	LESS ADVANCE RECEIVED HR. BALANCE OWING HR. COST CENTER E200	TOTAL EXPENSE CODE	\$ 837.65 1 EXPENSES - SECTION 2+3 TOTAL COST THE REIMBURSED TO EMPLOYEE AMOUNT Employee AMOUNT	\$ 179.00 \$1,047.93 S1,047.93 \$1,047.93	

Print Form

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-MM-DD		2019-03-11	2019-03-12	2019-03-13	2019-03-14	2019-03-15	2019-03-16	
Accommodations	89	\$ 144.90	\$ 144.90	\$ 144.90	\$ 144.90			
111	В				(2)			
Meals	L	\$15.00						
	5	\$27.00	27.00	\$27.00	1/24	\$00.00		
Ground Transportatio	n	\$ 45.05	40	\$ 10.00	\$ 25.00	\$ 22.00		
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	
Other		\$ 34.50				\$ 34.50	in t	
V		\$ 31.28	■ =		1		\$ 110.00	
Totals		\$ 307.73	\$ 181.90	\$ 191.90	\$ 179.90	\$ 66.50	\$ 120.00	

Week	2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYY-MM-DD						9	
Accommodati	ons							
	В							80
Meals	Ļ							A.
	S							
Ground Transp	ortation							
Incidentals							=	
Other								
		: :						<u> </u>
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).