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Security	VENDOR#	EMPLOYEE #		- 1			
Security				8 8			
Councillor Russell Walker #ROW MORK TOTAL COST THES CLAM & CHARGE OF THE PER NAME OF THE PER N	SECTION 1	Delett		1			
### MORK LOCATION PHONE ### DESTINATION   Penticton, British Columbia   ### 4th Floor, City Hall							Ma-16 2010
490-4050 Penticton, British Columbia  PURPOSE OF TRAVEL (COMERENCE, COURSE, NAME OF ORGANIZATION ETC)  FCM 2019 March Board Meeting  SECTION 2  TRAVEL  ARBOHRS  ARBOHRS  CHARGED TO RRE  SI,263.77  TOTAL COST THIS CLAIM A CHARGE DIRECT  TOTAL COST THIS CLAIM A CHARGE DIRECT  SI,263.77  TOTAL COST THIS CLAIM A CHARGE DIRECT  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  COMPANY CODE  LESS ADVANCE RECEIVED DATED  AROUNT  BALANCE OWING HRM  Employee AMOUNT  S 885.60  COMPANY CODE  COST CENTER  EXPENSES CODE  AMOUNT  S 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  COMPANY CODE  COST CENTER  EXPENSES CODE  AMOUNT  S 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  COMPANY CODE  COST CENTER  EXPENSES CODE  AMOUNT  S 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date  TOTAL TO BE REMBURSED TO EMPLOYEE \$ 885.60  Date	HRM WORK LOCATION	The same of the sa	PHONE #		-	19 To	Mar 16, 2019
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roved by Name and Title (Please Print)	HROP	E200	6904	\$ 88	5.60		
	oloyee Signature					Date	
roving Signature Date	roved by Name and	Title (Please Print)					
	roving Signature					Date	

Print Form

M	/eek 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-M	M-DD	2019-03-11	2019-03-12	2019-03-13	2019-03-14	2019-03-15	2019-03-16	
Accommo	dations		\$ 144.90	\$ 144.90	\$ 144.90	\$ 144.90			
		В	\$13.00	\$13.00		\$13.00			,
Meals	Meals	L	\$15.00	\$15.00					
		S	\$27.00	27.00	\$27.00		\$27.00		
Ground Tra	ansportatio	n							
Incidentals	9		\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	-
Other			\$ 34.50				\$ 34.50		
	(0. <b>4</b> 0.)		_						
Totals			\$ 244.40	\$ 209.90	\$ 181.90	\$ 167.90	\$ 71.50	\$ 10.00	

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-	MM-DD							
Accommodations								
	В							
Meals	L				,			
·	\$							
Ground Transportat	ion							
Incidentals								
Other						1		
Totals							1	

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).