HALIFA	OUT OF TO			For Accounting Use Only					
REGIONAL MUNICIP		(PENSE ACCOUN	Т	24					
VENDOR #	EMPLOYEE	£#							
			_ 1_						
SECTION 1 EMPLOYEE NAME (Please I	Print)		PERIOD OF TRAVEL						
Lorelei Nicoll	,		From May 30, 20)19 то	Jun 3, 2019				
HRM WORK LOCATION		PHONE #							
4th Floor, City Hall	(2) ¥<2	490-4050	Quebec City, Qu	ohoe					
TAN CONTRACTOR OF THE PARTY OF	ERENCE, COURSE, NAME OF	to a district the second secon	Quebec City, Qu	enec					
FCM 2019 Annual Co	onference & Trade Sh	ow							
SECTION 2									
TRAVEL	licens	200 BOWAL NEWL TO SELECT	AMOUNTS	CLAIM	CHARGED TO H				
Vehicle		ROP DOWN MENU TO SELECT			-				
The court of the	KMS AT	0.46 PER KM	\$ 470.12	\$ 470.12	_				
	KMS AT	0.46 PER KM	\$ 470.12	\$ 470.12					
ECTION 3									
CCOMODATIONS	CH RECEIPTS) Please see pa	ge 2 for detailed instructions	61 220 24	-					
The Hilt	on Quebec	(i)	\$1,320.24	-					
5 Break	fast, 4 Supper per diem	* I 0.	\$ 173.00	_					
				1					
S Days			\$ 50.00						
		Total	\$1,543.24	\$1,235.03	\$ 308.21				
LIGIBLE MISCELLANEOUS E	XPENSES- NOT INCLUDED ABO				•				
Conference Fee (F200-	6902)	<u> </u>							
	9				\$1,004.88				
		TOTALE	EXPENSES - SECTION 2+3						
				\$2,175.27	\$1,313.09				
	- 10	V as	TOTAL COST T	HIS CLAIM & CHARGE DIRE	ст \$3,488.36				
		TOTAL TO B	BE REIMBURSED TO EMPLOYE	\$2,175.27					
	LESS. ADVANCE F		AMOUN						
					-				
	BALANCE OWING	HRM 🔀	Employee AMOUN	rr \$2,175.27	(9)				
COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT						
HROP	E200	6904	\$2,175.27						
•		- 17							
oloyee Signature			- 22	Date					
yound by Name	Title (Blasse Brief)								
proved by Name and	- Title (Flease Print)								
oroving Signature				Date					

Print Form

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-N	IM-DD	2019-05-30	2019-05-31	2019-06-01	2019-06-02	2019-06-03		
Accommodations			\$ 337.34	\$ 337.34	\$ 337.35			
	В	\$13.00	\$13,00	\$13.00	\$13.00	\$13.00		
Meals	L							
	5	\$27.00	27.00	\$27.00	7 -	\$27.00	•	
Ground Transportation	on		, ,					
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		
Other		\$ 470.12			*	\$ 470.12		
	:							
Totals		\$ 520.12	\$ 387.34	\$ 387.34	\$ 360.35	\$ 520.12		

W	/eek 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommo	dations							
Meals	В					,	,	
	L							
	5						*	,
Ground Tra	ansportation					•		
Incidentals		. =			_		,	,
Other								
		4			-			
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).