For Accounting Use Only



## OUT OF TOWN TRAVEL EXPENSE ACCOUNT

| VENDOR =                                | EMPLO/EE =                    |  |   |  |  |
|---|-------------------------------|--|---|--|--|
|   |                               |  |   |  |  |
| SECTION 1                               |                               |  | Mande dan danmara villana aramanda adambian di sana   |  | re-181-181-lakkkiirki oo sirakerake sa koraniak il-18-18-k maana sa, ga, |
| EMPLOYEE NAME (Please P                 | rint)                         |  | PERIOD OF TRAVEL  |  |  |
| Russell Walker                          |                               |  |   | 19 To  | Nov 29, 2019   |
| HRM WORK LOCATION                       |                               | PHONE #  | DESTINATION   | 15   | 1107 23 2013   |
| *************************************** |                               | 1110112  | DESTINATION   |  |  |
| 4th Floor, City Hall                    |                               | 490-4050   | Ottawa, Ontario   |  |  |
| PURPOSE OF TRAVEL (CONFE                | ERENCE, COURSE, NAME OF OF    | RGANIZATION ETC)                                     |   |  |  |
| FCM November 2019                       | Board Meeting                 |  |   |  |  |
|   | ,                             |  | <del></del>   |  |  |
| SECTION 2<br>TRAVEL                     |                               |  | AMOUNTS   | CLAIM  | CHARGED TO HRM   |
| TYPE Air                                | USE DEO                       | P DO AN MENU TO SELECT                               |   | anderforders are lead on state for the force of the described and the described of the described on the desc |  |
|   | 3013 3                        | BOTT TIE TO : 0 GECEO                                |   |  | \$ 493.19  |
| MILEAGE                                 |                               | 255 44   |   |  |  |
| •                                       | KMS AT                        | PER KM   |   |  | -[_]   |
| _                                       | KMS AT                        | PER KV   |   |  |  |
| SECTION 3                               |                               |  |   | 1  |  |
| MEALS AND LODGING: (ATTAC               | CH RECEIPTS ) Please see page | 2 for detailed instructions                          |   |  |  |
| ACCOMODATIONS Fairmont                  | t Chateau Laurier             |  | \$ 860.25   |  |  |
| MEALS                                   |                               |  |   |  |  |
| 2 Lunch                                 | 2 Supper per diem 🗸           |  | \$ 84.00  |  |  |
|   |                               |  | \$ 171.00 -   |  |  |
| Taxi                                    |                               |  |   |  | I 1  |
| NCIDENTALS                              |                               |  |   |  |  |
|   |                               |  | \$ 40.00  |  |  |
| NCIDENTALS 4 Days                       | PENSES- NOT INCLUDED ABOVI    | Total<br>E: (ATTACH RECEIPTS)                        | \$ 40.00<br>\$1,155.25  | \$1,155.25   |  |
| NCIDENTALS 4 Days                       | PENSES- NOT INCLUDED ABOV     | E: (ATTACH RECEIPTS)                                 | \$1,155.25  | \$1,155.25   |  |
| NCIDENTALS 4 Days                       | PENSES- NOT INCLUDED ABOV     | E: (ATTACH RECEIPTS)                                 |   | \$1,155.25   | \$ 493.19  |
| NCIDENTALS 4 Days                       | PENSES- NOT INCLUDED ABOV     | E: (ATTACH RECEIPTS)                                 | \$1,155.25  |  | \$ 493.19  |
| NCIDENTALS 4 Days                       | PENSES- NOT INCLUDED ABOV     | E: (ATTACH RECEIPTS)                                 | \$1,155.25<br>EXPENSES - SECTION 2+3  |  |  |
| NCIDENTALS 4 Days                       | PENSES- NOT INCLUDED ABOV     | E. (ATTACH RECEIPTS)  TOTAL E                        | \$1,155.25  EXPENSES - SECTION 2+3  TOTAL COST TH   | \$1,155.25   |  |
| NCIDENTALS 4 Days                       | PENSES- NOT INCLUDED ABOV     | E. (ATTACH RECEIPTS)  TOTAL E                        | \$1,155.25<br>EXPENSES - SECTION 2+3  | \$1,155.25   |  |
| NCIDENTALS 4 Days                       |                               | TOTAL E  | \$1,155.25  EXPENSES - SECTION 2 + 3  TOTAL COST THE  | \$1,155.25<br>IS CLAIM & CHARGE DIR<br>\$1,155.25  | \$1,648.44   |
| NCIDENTALS 4 Days                       | PENSES-NOT INCLUDED ABOVI     | TOTAL E  | \$1,155.25  EXPENSES - SECTION 2+3  TOTAL COST TH   | \$1,155.25<br>IS CLAIM & CHARGE DIR<br>\$1,155.25  | \$1,648.44   |
| NCIDENTALS 4 Days                       | LESS 40/4VCF RESI             | TOTAL E  | \$1,155.25  EXPENSES - SECTION 2 + 3  TOTAL COST THE  | \$1,155.25<br>IS CLAIM & CHARGE DIR<br>\$1,155.25  | \$1,648.44   |
| NCIDENTALS 4 Days                       | LESS 40/4VCF RESI             | TOTAL E  | \$1,155.25  EXPENSES - SECTION 2 + 3  TOTAL COST THE  | \$1,155.25<br>IS CLAIM & CHARGE DIR<br>\$1,155.25  | \$1,648.44   |
| COMPANY CODE                            | EALANCE CONTIG                | TOTAL E  TOTAL TO B  CE VED CATED  HRM  EXPENSE CODE | \$1,155.25  EXPENSES - SECTION 2+3  TOTAL COST THE  ERE VBLRSED TO EMPLOYEE  AMOUNT  Employee  AMOUNT | \$1,155.25<br>IS CLAIM & CHARGE DIR<br>\$1,155.25  | \$1,648.44   |
| A Days  LIGIBLE MISCELLANEOUS EXI       | LESS ADVANCE REC              | TOTAL E  | \$1,155.25  EXPENSES - SECTION 2+3  TOTAL COST THE  ERE VALASED TO EVPLOYEE  AVOUNT  Employee  AVOUNT | \$1,155.25<br>IS CLAIM & CHARGE DIR<br>\$1,155.25  | \$1,648.44   |
| COMPANY CODE                            | EALANCE CONTIG                | TOTAL E  TOTAL TO B  CE VED CATED  HRM  EXPENSE CODE | \$1,155.25  EXPENSES - SECTION 2+3  TOTAL COST THE  ERE VBLRSED TO EMPLOYEE  AMOUNT  Employee  AMOUNT | \$1,155.25<br>IS CLAIM & CHARGE DIR<br>\$1,155.25  | \$1,648.44   |
| COMPANY CODE  HROP  Sloyee Signature    | EESS ADVANCE REC              | TOTAL E  TOTAL TO B  CE VED CATED  HRM  EXPENSE CODE | \$1,155.25  EXPENSES - SECTION 2+3  TOTAL COST THE  ERE VBLRSED TO EMPLOYEE  AMOUNT  Employee  AMOUNT | \$1,155.25<br>IIS CLAIM & CHARGE DIR<br>\$1,155.25   | \$1,648.44   |
| COMPANY CODE  HROP                      | EESS ADVANCE REC              | TOTAL E  TOTAL TO B  CE VED CATED  HRM  EXPENSE CODE | \$1,155.25  EXPENSES - SECTION 2+3  TOTAL COST THE  ERE VBLRSED TO EMPLOYEE  AMOUNT  Employee  AMOUNT | \$1,155.25<br>IIS CLAIM & CHARGE DIR<br>\$1,155.25   | \$1,648.44   |
| COMPANY CODE  HROP  Sloyee Signature    | EESS ADVANCE REC              | TOTAL E  TOTAL TO B  CE VED CATED  HRM  EXPENSE CODE | \$1,155.25  EXPENSES - SECTION 2+3  TOTAL COST THE  ERE VBLRSED TO EMPLOYEE  AMOUNT  Employee  AMOUNT | \$1,155.25<br>IIS CLAIM & CHARGE DIR<br>\$1,155.25   | \$1,648.44   |

| - 1                   | Veek 1     | Day T      | Day 2      | Day 3      | Day 4      | Day 5 | Day 6 | Day 7 |
|-----------------------|------------|------------|------------|------------|------------|-------|-------|-------|
| Date                  | YYYY-MM-DD | 2019 11 25 | 2019-11-27 | 2016-11 25 | 2019-11-29 |       |       |       |
| Accommodations        |            | \$ 286.75  | \$ 286.75  | \$ 286.75  |            |       |       |       |
|                       | В          |            |            |            |            |       |       |       |
| Meals                 | L          | \$15.00    |            |            | \$15.00    |       |       |       |
|                       | 5          | \$27.00    | 27.00      |            |            |       |       |       |
| Ground Transportation |            | \$ 103.00  |            |            | \$ 68,00   | -     |       |       |
| Incidental            | s          | \$ 10.00   | \$ 10.00   | \$ 10.00   | \$ 10,00   | i     |       |       |
| Other                 |            | Ì          |            |            |            |       |       |       |
|                       |            |            |            |            |            |       | -     | _     |
| Totals                |            | \$ 441.75  | \$ 323.75  | \$ 296.75  | \$ 93.00   |       |       |       |

| Wee                   | ek 2 | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-----------------------|------|-------|-------|-------|-------|-------|-------|-------|
| Date YYYY-MM-DD       |      |       |       |       |       | ĺ     |       |       |
| Accommodations        |      |       |       |       |       |       |       |       |
| Meals                 | В    |       |       |       |       |       |       |       |
|                       | L    |       |       |       |       |       |       | ĺ     |
|                       | S    |       |       |       |       |       |       |       |
| Ground Transportation |      |       |       |       |       |       |       |       |
| Incidentals           |      |       |       |       |       |       |       |       |
| Other                 |      | -     |       |       |       |       |       |       |
|                       |      |       |       |       |       |       |       |       |
| 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).