



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

[Empty box]

EMPLOYEE #

[Empty box]

SECTION 1

EMPLOYEE NAME (Please Print) Steve Streach		PERIOD OF TRAVEL From May 30, 2019 To Jun 3, 2019	
HRM WORK LOCATION 4th Floor, City Hall	PHONE # 490-4050	DESTINATION Quebec City, Quebec	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) FCM 2019 Annual Conference & Trade Show			

SECTION 2

TRAVEL TYPE	USE DROP DOWN MENU TO SELECT	AMOUNTS	CLAIM	CHARGED TO HRM
Air				\$ 736.28
MILEAGE				
	30 KMS AT 0.46 PER KM	\$ 13.80	\$ 13.80	
	30 KMS AT 0.46 PER KM	\$ 13.80	\$ 13.80	

SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions				
ACCOMODATIONS	The Hilton Quebec	\$1,232.84		
MEALS	4 Breakfast, 4 Lunch, 4 Supper per diem	\$ 220.00		
GROUND TRANSPORTATION	Taxi	\$ 80.74		
INCIDENTALS	4 Days	\$ 40.00		
	Total	\$1,573.58	\$1,265.37	\$ 308.21
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)				
	Conference Fee (E200-6902)			
	Baggage			
	Airport Parking		\$ 179.00	\$1,004.88
	TOTAL EXPENSES - SECTION 2+3		\$1,471.97	\$2,049.37
			TOTAL COST THIS CLAIM & CHARGE DIRECT	\$3,521.34

TOTAL TO BE REIMBURSED TO EMPLOYEE \$1,471.97

LESS: ADVANCE RECEIVED DATED: _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$1,471.97

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP		6904	\$1,471.97

Employee Signature [Redacted] Date [Redacted]

Approved by Name and Title (Please Print)

Approving Signature [Redacted] Date [Redacted]

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2019-05-30	2019-05-31	2019-06-01	2019-06-02	2019-06-03		
Accommodations			\$ 308.21	\$ 308.21	\$ 308.21			
Meals	B		\$13.00	\$13.00	\$13.00	\$13.00		
	L		\$15.00	\$15.00	\$15.00	\$15.00		
	S	\$27.00	27.00	\$27.00		\$27.00		
Ground Transportation		\$ 40.37				\$ 40.27		
Incidentals			\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		
Other		\$ 13.80				\$ 13.80		
		\$ 34.50				\$ 144.50		
Totals		\$ 115.67	\$ 373.21	\$ 373.21	\$ 346.21	\$ 263.57		

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommodations								
Meals	B							
	L							
	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	<u>\$55.00*</u>

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).