



# OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

EMPLOYEE #

### SECTION 1

EMPLOYEE NAME (Please Print) Steve Streach		PERIOD OF TRAVEL From Oct 26, 2017 to Oct 26, 2017	
HRM WORK LOCATION 4th Floor, City Hall	PHONE # 490-4050	DESTINATION Truro, Nova Scotia	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) Community Fundraising Dinner			

### SECTION 2

TRAVEL TYPE	USE DROP DOWN MENU TO SELECT		AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle					
MILEAGE	130	KMS AT 0.46 PER KM	\$ 59.80	\$ 59.80	
		KMS AT PER KM			

### SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions						
ACCOMODATIONS						
MEALS						
GROUND TRANSPORTATION						
INCIDENTALS						
				Total		
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)						
				TOTAL EXPENSES - SECTION 2 + 3	\$ 59.80	
					TOTAL COST THIS CLAIM & CHARGE DIRECT	\$ 59.80

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 59.80

LESS ADVANCE RECEIVED DATED \_\_\_\_\_ AMOUNT \_\_\_\_\_

BALANCE OWING  HRM  Employee AMOUNT \$ 59.80

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP	E200	6904	\$ 59.80

Employee Signature

[Redacted Signature]

Date

Approved by Name and Title (Please Print)

[Redacted Name and Title]

Approving Signature

[Redacted Signature]

Date

[Redacted Date]