



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

EMPLOYEE #

SECTION 1

EMPLOYEE NAME (Please Print) Bill Karsten		PERIOD OF TRAVEL From May 29, 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 & Tradeshow			

SECTION 2

TRAVEL TYPE	AMOUNTS	CLAIM	CHARGED TO HRM
Air USE DROP DOWN MENU TO SELECT			\$1,000.20
MILEAGE 68 KMS AT 0.46 PER KM	\$ 31.28	\$ 31.28	

SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions		AMOUNTS	CLAIM	CHARGED TO HRM
ACCOMMODATIONS The Hilton Quebec		\$1,455.75		
MEALS 1 Lunch, 3 Supper per diem		\$ 96.00		
GROUND TRANSPORTATION Taxi		\$ 83.10		
INCIDENTALS 3 Days		\$ 30.00		
Total		\$1,664.85	\$1,373.70	\$ 291.15
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)				
Airport Parking				
Conference Fee (E200-6902)			\$ 110.00	\$1,004.88
TOTAL EXPENSES - SECTION 2 + 3			\$1,514.98	\$2,296.23
TOTAL COST THIS CLAIM & CHARGE DIRECT				\$3,811.21

TOTAL TO BE REIMBURSED TO EMPLOYEE \$1,514.98

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$1,514.98

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP	E200	6904	\$1,514.98

Employee Signature

[Redacted Signature]

Date

Approved by Name and Title (Please Print)

[Redacted Name and Title]

Approving Signature

[Redacted Signature]

Date

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2019-05-29	2019-05-30	2019-05-31	2019-06-01	2019-06-02	2019-06-03	
Accommodations			\$ 291.15	\$ 291.15	\$ 291.15	\$ 291.15		
Meals	B							
	L						\$15.00	
	S	\$27.00	\$00.00	\$27.00	\$27.00	\$00.00		
Ground Transportation		\$ 43.10				\$ 40.00		
Incidentals			\$ 10.00	\$ 10.00	\$ 10.00			
Other		\$ 15.64					\$ 15.64	
							\$ 110.00	
Totals		\$ 85.74	\$ 301.15	\$ 328.15	\$ 328.15	\$ 331.15	\$ 140.64	

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 I of claim (specify conversion rate used).