



**OUT OF TOWN
TRAVEL EXPENSE ACCOUNT**

Print Form

For Accounting Use Only

VENDOR #

EMPLOYEE #

SECTION 1

EMPLOYEE NAME (Please Print) Bill Karsten		PERIOD OF TRAVEL From Sep 11, 2017 To Sep 16, 2017	
HRM WORK LOCATION 4th Floor, City Hall	PHONE #	DESTINATION Fort McMurray, Alberta	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) FCM 2017 September Board Meeting			

SECTION 2

TRAVEL TYPE	AMOUNTS	CLAIM	CHARGED TO HRM
Air USE DROP DOWN MENU TO SELECT	\$1,079.76		\$1,079.76
MILEAGE 98.8 KMS AT 0.46 PER KM	\$ 45.45	\$ 45.45	
_____ KMS AT _____ PER KM			

SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions			
ACCOMMODATIONS Nomad Hotel & Suites	\$ 757.55		
MEALS 1 Breakfast, 2 Lunch, 4 Supper per diem	\$ 151.00		
GROUND TRANSPORTATION Taxi	\$ 86.30		
INCIDENTALS 6 Days	\$ 60.00		
Total	\$1,054.85	\$1,054.85	
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)			
Baggage			
Airport Parking		\$ 162.50	
TOTAL EXPENSES - SECTION 2 + 3		\$1,262.80	\$1,079.76
TOTAL COST THIS CLAIM & CHARGE DIRECT			\$1,262.80

TOTAL TO BE REIMBURSED TO EMPLOYEE \$1,262.80

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$1,262.80

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP	E200	6904	\$1,262.80

Employee Signature

[Redacted Signature]

Date

Sept 19, 2017

Approved by Name and

[Redacted Name]

Approving Signature

[Redacted Signature]

Date

[Redacted Date]

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2017-09-11	2017-09-12	2017-09-13	2017-09-14	2017-09-15	2017-09-16	
Accommodations		\$ 151.51	\$ 151.51	\$ 151.51	\$ 151.51	\$ 151.51		
Meals	B						\$13.00	
	L	\$15.00					\$15.00	
	S	\$27.00	27.00	\$27.00		\$27.00		
Ground Transportation		\$ 41.30					\$ 45.00	
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	
Other							\$ 105.00	
		\$ 28.75					\$ 28.75	
Totals		\$ 273.56	\$ 188.51	\$ 188.51	\$ 161.51	\$ 188.51	\$ 216.75	

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).