



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

[Empty box]

EMPLOYEE #

[Empty box]

SECTION 1

EMPLOYEE NAME (Please Print) Bill Karsten		PERIOD OF TRAVEL From: May 10, 2018 To: May 12, 2018	
HRM WORK LOCATION 4th Floor, City Hall	PHONE # 490-4050	DESTINATION Yarmouth, Nova Scotia	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) UNSM 2018 Spring Workshop			

SECTION 2

TRAVEL TYPE	AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle MILEAGE: 639 KMS AT 0.46 PER KM	\$ 293.94	\$ 293.94	

SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions		AMOUNTS	CLAIM	CHARGED TO HRM
ACCOMMODATIONS Rodd Grand Yarmouth		\$ 139.15		
MEALS 1 Breakfast, 1 Dinner		\$ 40.00		
GROUND TRANSPORTATION				
INCIDENTALS 2 Days		\$ 20.00		
	Total	\$ 199.15	\$ 199.15	
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)				
Conference Fee: (6902)				\$ 327.00 (6902)
TOTAL EXPENSES - SECTION 2 + 3		\$ 493.09	\$ 493.09	\$ 327.00
TOTAL COST THIS CLAIM & CHARGE DIRECT				\$ 820.09

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 493.09

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$ 493.09

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP	E200	6904	\$ 493.09

Employee Signature

[Redacted signature]

Date

[Empty date box]

Approved by Name and Title (Please Print)

[Redacted name and title]

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	2018-05-10	2018-05-11					
Accommodations		\$ 139.15						
Meals	B		\$13.00					
	L							
	S	\$27.00	\$00.00			\$00.00		
Ground Transportation								
Incidentals		\$ 10.00	\$ 10.00					
Other		\$ 146.97	\$ 146.97					
Totals		\$ 323.12	\$ 169.97					

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).