



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR # [ ]

EMPLOYEE # [ ]

SECTION 1

EMPLOYEE NAME (Please Print) Lorelei Nicoll		PERIOD OF TRAVEL From Sep 24, 2017 To Sep 24, 2017	
HRM WORK LOCATION 4th Floor, City Hall	PHONE # 490-4050	DESTINATION Bridgewater, Nova Scotia	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) Bridgewater Transit Launch			

SECTION 2

TRAVEL TYPE	USE DROP DOWN MENU TO SELECT	AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle				
MILEAGE				
	112.5 KMS AT 0.46 PER KM	\$ 51.75	\$ 51.75	
	112.5 KMS AT 0.46 PER KM	\$ 51.75	\$ 51.75	

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		\$ 103.50
TOTAL COST THIS CLAIM & CHARGE DIRECT		\$ 103.50

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 103.50

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

BALANCE OWING  HRM  Employee AMOUNT \$ 103.50

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP	E200	6904	\$ 103.50

Employee Signature [Redacted] Date [ ]

Approved by Name and Title (Please Print) [Redacted]

Approving Signature [Redacted] Date 20d 2017