



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

[Empty box]

EMPLOYEE #

[Empty box]

SECTION 1

EMPLOYEE NAME (Please Print) Lisa Blackburn		PERIOD OF TRAVEL From Sep 2, 2020 To Sep 4, 2020	
HRM WORK LOCATION 4th Floor, City Hall	PHONE # 490-4050	DESTINATION Summerside, Prince Edward Island	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) Atlantic Mayor's Congress			

SECTION 2

TRAVEL TYPE	AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle MILEAGE 579 KMS AT 0.46 PER KM	\$ 266.34	\$ 266.34	

SECTION 3

MEALS AND LODGING (ATTACH RECEIPTS) Please see page 2 for detailed instructions		AMOUNTS	CLAIM	CHARGED TO HRM
ACCOMMODATIONS Quality Inn and Suites Garden of the Gulf		\$ 293.76		
MEALS 1 Supper		\$ 27.00		
GROUND TRANSPORTATION				
INCIDENTALS 2 Days		\$ 20.00		
	Total	\$ 340.76	\$ 340.76	
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)				
Cobequid Pass Toll				
Confederation Bridge Toll			\$ 56.50	
	TOTAL EXPENSES - SECTION 2 + 3		\$ 663.60	
TOTAL COST THIS CLAIM & CHARGE DIRECT			\$ 663.60	

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 663.60

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$ 663.60

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HROP	E300	6904	\$ 663.60

Employee Signature [Redacted] _____ Date [Redacted]

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

Approving Signature [Redacted] _____ Date [Redacted]

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2020-09-02	2020-09-03	2020-09-04				
Accommodations		\$ 146.88	\$ 146.88					
Meals	B							
	L							
	S	\$27.00						
Ground Transportation								
Incidentals		\$ 10.00	\$ 10.00					
Other		\$ 133.17		\$ 133.17				
		\$ 4.00		\$ 52.50				
Totals		\$ 321.05	\$ 156.88	\$ 185.67				

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).