



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

[Empty box]

EMPLOYEE #

[Empty box]

SECTION 1

EMPLOYEE NAME (Please Print) Lindell Smith		PERIOD OF TRAVEL From Jun 1, 2017 To Jun 5, 2017	
HRM WORK LOCATION Councillor's Office	PHONE # 490-4050	DESTINATION Ottawa, Ontario	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) FCM 2017 Annual Conference			

SECTION 2

TRAVEL TYPE	AMOUNTS	CLAIM	CHARGED TO HRM
Air USE DROP DOWN MENU TO SELECT			\$ 469.48
MILEAGE 37 KMS AT 0.46 PER KM	\$ 17.02	\$ 17.02	
37 KMS AT 0.46 PER KM	\$ 17.02	\$ 17.02	

SECTION 3

MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions		AMOUNTS	CLAIM	CHARGED TO HRM
ACCOMMODATIONS The Westin Ottawa		\$1,117.36		
MEALS 3 Breakfast, 3 Lunch, 4 Supper per diem		\$ 192.00		
GROUND TRANSPORTATION				
INCIDENTALS 5 days		\$ 50.00		
	Total	\$1,359.36	\$1,080.02	\$ 279.34
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)				
Baggage Fee				
Conference Fee (6902)				
			\$ 74.76	\$1,002.31
TOTAL EXPENSES - SECTION 2 + 3			\$1,188.82	\$1,751.13
			TOTAL COST THIS CLAIM & CHARGE DIRECT	\$2,939.95

TOTAL TO BE REIMBURSED TO EMPLOYEE \$1,188.82

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$1,188.82

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HR0P	E200	6904	\$1,188.82

Employee Signature [Redacted]

Date June 9/17

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

Approving Signature [Redacted]

Date June 9/17

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2017-06-01	2017-06-02	2017-06-03	2017-06-04	2017-06-05		
Accommodations			\$ 279.34	\$ 279.34	\$ 279.34			
Meals	B	\$13.00			\$13.00	\$13.00		
	L	\$15.00		\$15.00	\$15.00			
	S	\$27.00	27.00	\$27.00	\$27.00			
Ground Transportation								
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		
Other		\$ 43.13				\$ 31.63		
		\$ 17.02				\$ 17.02		
Totals		\$ 125.15	\$ 316.34	\$ 331.34	\$ 344.34	\$ 71.65		

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).