HALIFAX OUT OF TOWN TRAVEL EXPENSE	ACCOUNT		unting Use Only	Print Form
VENDOR # EMPLOYEE #				
SECTION 1	J			
EMPLOYEE NAME (Please Print)		PERIOD OF TRAVEL		MUSE W. L. L. L. Skotz
David Hendsbee HRM WORK LOCATION	PHONE#	From Jun 1, 201	7 то	Jun 5, 2017
Councillor's Office, City Hall 902- PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION	490-4050 (ETC)	Ottawa, Ontario		
FCM 2017 Annual Conference				
SECTION 2				
TYPE AIR USE DROP DOWN MEN	VII TO SELECT	AMOUNTS	CLAIM	CHARGED TO HRM
MILEAGE			-	\$ 405.78
31 KMS AT 0.46	PER KM	\$ 14.26	\$ 14.26	_
31 KMS AT 0.46	PER KM	\$ 14.26	\$ 14.26	_
SECTION 3 MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailer	d Incluyetter			
ACCOMODATIONS The Westin Ottawa	o matructions	\$1,117.36	-	
MEALS		V 1, 111111		
GROUND TRANSPORTATION		-	-	
Bus Fare & Taxi		\$ 41.80	_[
5 days		\$ 50.00	_	
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH	Total	\$1,237.68	\$ 91.80	\$1,117.36
Conference Fee (6902)			(L)	2-
	-			
Baqqaqe Fees (-	
Airport Parking \(\)		\$ 132.50	\$1,002.31	
	TOTAL EX	PENSES - SECTION 2+3	\$ 252.82	\$2,525.45
2		TOTAL COST	THIS CLAIM & CHARGE DIRE	\$2,778.27
	70711 -0.1-	REIMBURSED TO EMPLOY		1 11 / 12 /
	TOTAL TO BE	REIMBURSED TO EMPLOY	**************************************	-
LESS ADVANCE RECEIVED DATE	D	AMOU	NT	_
BALANCE OWING HRM	X E	mployee AMOL	\$ 252.82	_
COMPANY CODE COST CENTER EXPENS	SE CODE	AMOUNT		
HROP E200 69	904	1\$ 252.82		
ployee S gnature			Date	De, 12/12
				Jul 3/17
proved by Name and Title (Please Print)				
				1
proving Signature			Date	Jue 14/17
			C	,

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	1	
Accommo	odations							
	В							
Meals	L							
	5							
Ground Tr	ransportation	\$ 6.80				\$ 35.00		
Incidental	s	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	-	
Other		\$ 28.75				\$ 28.75		
		\$ 14.26				\$ 89.26		
Totals		\$ 59.81	\$ 10.00	\$ 10.00	\$ 10.00	\$ 163.01		

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-MM-DD				<u> </u>				
Accommodation	ns			115			98	
	В							
Meals	L			- G -				
	5		W ₂ T =					
Ground Transpo	rtation						00	
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

\$55.00*

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) with

Amounts shown above are Canadian Funds All expenses should be converted to Canadian funds on Page 1 of claim perceify conversion rate used).