					Print For
HALIFA	OUT OF TO			iting Use Only	
REGIONAL MUNICIP		XPENSE ACCOUNT			
	70.075				
VENDOR #	EMPLOYE	EE#			
SECTION 1					
EMPLOYEE NAME (Please	Print)	seasons from Parent.	PERIOD OF TRAVEL	and municipalities	he makenin
Waye Mason		1000	From 28/04/2017	То	28/04/2017
HRM WORK LOCATION		PHONE #	DESTINATION		
City Hall		490-8462	Oak Island Inn		
PURPOSE OF TRAVEL (CON	FERENCE, COURSE, NAME OF	FORGANIZATION ETC)			
UNSM South Shore	HRM Meeting				
SECTION 2					
TRAVEL			AMOUNTS	CLAIM	CHARGED TO H
TYPE Vehicle	USE C	DROP DOWN MENU TO SELECT		_ ["	
MILEAGE					
	152 KMS AT	0.46 PER KM	\$ 71.76	\$ 71.76	
	KMS AT	PER KM	- 0	3-1-1-1	
SECTION 3				<u> </u>	
	ACH RECEIPTS) Please see o	age 2 for detailed instructions			_
ACCOMODATIONS	Ment (Cecir 13) Flease see p	and a tot meranian ilianianiania			
MEALS			-		
				· I	
GROUND TRANSPORTATION			=		1 1
NCIDENTALS				= = 100	
	P1 6			= = 0.	0
NCIDENTALS	- 1 10	Total			
NCIDENTALS	EXPENSES- NÓT INCLUDED AI				
NCIDENTALS	- 1 10				
NCIDENTALS	- 1 10				
NCIDENTALS	- 1 10				
NCIDENTALS	- 1 10				
NCIDENTALS	- 1 10	BOVE: (ATTACH RECEIPTS)	EXPENSES - SECTION 2+3	\$ 71.76	
NCIDENTALS	- 1 10	BOVE: (ATTACH RECEIPTS)	EXPENSES - SECTION 2+3	\$ 71.76	
NCIDENTALS	- 1 10	BOVE: (ATTACH RECEIPTS)			71.76
NCIDENTALS	- 1 10	BOVE: (ATTACH RECEIPTS)		\$ 71.76	FCT 71.76
NCIDENTALS	- 1 10	BOVE: (ATTACH RECEIPTS) TOTAL 8	TOTAL COST TH	HIS CLAIM & CHARGE DIR	7116
NCIDENTALS	- 1 10	BOVE: (ATTACH RECEIPTS) TOTAL 8		HIS CLAIM & CHARGE DIR	T116
NCIDENTALS	EXPENSES- NÓT INCLUDED AI	BOVE: (ATTACH RECEIPTS) TOTAL 8	TOTAL COST TH	s claim & charge dir	7116
NCIDENTALS	EXPENSES- NÓT INCLUDED AI	TOTAL I	TOTAL COST THE	s claim & charge dir	71.76
NCIDENTALS	LESS ADVANCE	TOTAL E TOTAL TO E RECEIVED DATED HRM	TOTAL COST THE BE REIMBURSED TO EMPLOYEE AMOUNT Employee AMOUNT	s claim & charge dir.	7116
COMPANY CODE	LESS ADVANCE BALANCE OWING COST CENTER	TOTAL E RECEIVED DATED HRM EXPENSE CODE	TOTAL COST THE	s claim & charge dir.	7176
NCIDENTALS	LESS ADVANCE	TOTAL E TOTAL TO E RECEIVED DATED HRM	TOTAL COST THE BE REIMBURSED TO EMPLOYEE AMOUNT Employee AMOUNT	s claim & charge dir.	71.76
COMPANY CODE HROP	LESS ADVANCE BALANCE OWING COST CENTER	TOTAL E RECEIVED DATED HRM EXPENSE CODE	TOTAL COST THE	s claim & charge dir.	7116
COMPANY CODE	LESS ADVANCE BALANCE OWING COST CENTER	TOTAL E RECEIVED DATED HRM EXPENSE CODE	TOTAL COST THE	s claim & charge dir.	71.76
COMPANY CODE HROP	LESS ADVANCE BALANCE OWING COST CENTER	TOTAL E RECEIVED DATED HRM EXPENSE CODE	TOTAL COST THE	\$ 71.76	71.76

Date

Approving Signature

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYY	Y-MM-DD				X.			
Accommodation	ıs	33						
Meals	В							
	L		X					
	S							
Ground Transpor	rtation				V			
Incidentals								-
Other								<
	E							
Totals						-		

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY	-MM-DD		200			1.5		
Accommodations							<u>.</u> _	
	В							
Meals	L							
	S					- 2		
Ground Transporta	tion							
Incidentals					79/			
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

