



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

EMPLOYEE #

SECTION 1

EMPLOYEE NAME (Please Print) Waye Mason
PERIOD OF TRAVEL From May 10th, 2017 To May 12th, 2017
HRM WORK LOCATION City Hall PHONE # 490-8462 DESTINATION Antigonish, Nova Scotia
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) UNSM Spring Conference

SECTION 2

Table with columns: TRAVEL TYPE, AMOUNTS, CLAIM, CHARGED TO HRM. Row 1: Vehicle, 422 KMS AT 0.46 PER KM, \$ 194.12, \$ 194.12

SECTION 3

Table with columns: MEALS AND LODGING: (ATTACH RECEIPTS) ACCOMODATIONS, MEALS, GROUND TRANSPORTATION, INCIDENTALS, ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS), TOTAL EXPENSES - SECTION 2 + 3, TOTAL COST THIS CLAIM & CHARGE DIRECT. Includes handwritten total of 541.92.

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 541.92

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

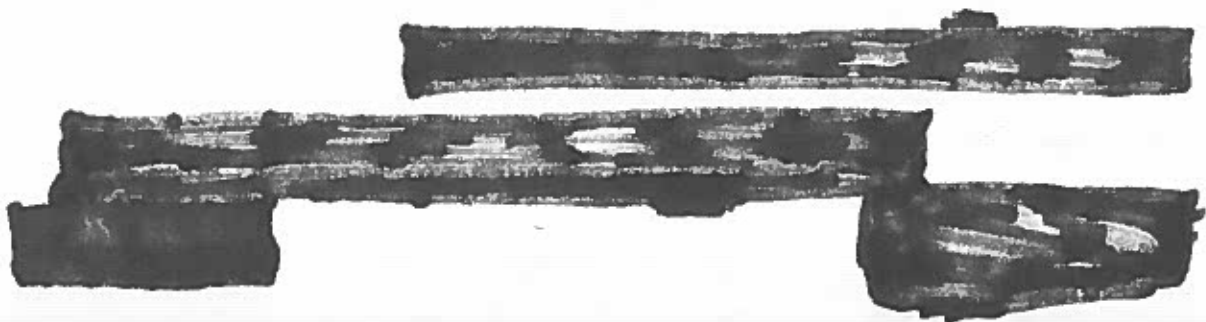
BALANCE OWING [] HRM [X] Employee AMOUNT \$ 541.92

Table with columns: COMPANY CODE (HROP), COST CENTER (E200), EXPENSE CODE (6904), AMOUNT (\$ 541.92)

Employee Signature [Redacted] Date []

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	10/05/2017	11/05/2017	12/05/2017				
Accommodations								
Meals	B							
	L	\$15.00		\$15.00				
	S	\$27.00	27.00					
Ground Transportation								
Incidentals		\$ 10.00	\$ 10.00					
Other								
Totals		\$ 52.00	\$ 37.00	\$ 15.00				

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).

