



**OUT OF TOWN TRAVEL EXPENSE ACCOUNT**

For Accounting Use Only

VENDOR #

EMPLOYEE #

**SECTION 1**

EMPLOYEE NAME (Please Print) Councillor Russell Walker		PERIOD OF TRAVEL From Jun 1, 2017 To Jun 5, 2017	
HRM WORK LOCATION Councillor's Office, City Hall	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			\$ 394.04
MILEAGE 36 KMS AT 0.46 PER KM	\$ 16.56	\$ 16.56	
36 KMS AT 0.46 PER KM	\$ 16.56	\$ 16.56	

**SECTION 3**

DESCRIPTION	AMOUNTS	CLAIM	CHARGED TO HRM
MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions			
ACCOMMODATIONS The Westin Ottawa	\$1,117.36		
MEALS 1 Breakfast 2 Lunch 3 Supper per diem	\$ 124.00		
GROUND TRANSPORTATION Taxi	\$ 75.00		
INCIDENTALS 5 days	\$ 50.00		
<b>Total</b>	<b>\$1,366.36</b>	<b>\$1,087.02</b>	<b>\$ 279.34</b>
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)			
Conference Fee (6902)			
Airport Parking			
Baggage Fees		\$ 165.26	\$1,002.31
<b>TOTAL EXPENSES - SECTION 2 + 3</b>	<b>\$1,285.40</b>	<b>\$1,285.40</b>	<b>\$1,675.69</b>
<b>TOTAL COST THIS CLAIM &amp; CHARGE DIRECT</b>			<b>\$2,961.09</b>

TOTAL TO BE REIMBURSED TO EMPLOYEE \$1,285.40

LESS ADVANCE RECEIVED DATED \_\_\_\_\_ AMOUNT \_\_\_\_\_

BALANCE OWING  HRM  Employee AMOUNT \$1,285.40

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HR0P	E200	6904	\$1,285.40

Employee Signature \_\_\_\_\_ Date June 13, 2017

Approved by Name and Title (Please Print) \_\_\_\_\_

Approving Signature \_\_\_\_\_ Date June 13/17

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	\$00.00				\$13.00		
	L	\$15.00				\$15.00		
	S	\$27.00	27.00	\$27.00				
Ground Transportation		\$ 37.00				\$ 38.00		
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		
Other		\$ 31.63				\$ 31.63		
		\$ 16.56				\$ 118.56		
Totals		\$ 137.19	\$ 316.34	\$ 316.34	\$ 289.34	\$ 226.19		

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).