

Employee Name:	Dates:
Conference/Seminar Attended:	
Location:	

DATES:							TOTALS
MILEAGE	Reason:						0
Account Code		# of km					
		Mileage Rate	\$0.48 /KM				
		Total	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER TRANSPORTATION							
Rental Vehicle							\$ -
Taxi/Public Transit							\$ -
Other:							\$ -
							\$ -
							\$ -
Account Code							\$ -
MEALS							
Breakfast	(local \$12/non-local \$15)						\$ -
Lunch	(local \$16/non-local \$25)						\$ -
Dinner	(local \$35/non-local \$40)						\$ -
Account Code							\$ -
ACCOMODATION/OTHER							
Accommodation							\$ -
Other:							\$ -
							\$ -
Account Code							\$ -
BOARD MEMBER PER DIEM Account Code 53300-100-1110							
Per Diem	(\$150 or \$75 per half day)						\$ -
EXPENSE REIMBURSEMENT							
Total Expenses							\$ -
Less: Advance Received (attach copy of Schedule C) Enter Advance as a negative number							
Reimbursement to Employee (negative amount is owing to the RRDSSAB)							\$ -
CONFERENCE COSTS							
Expenses as per above							\$ -
Air Fare							
Registration							
Amounts on VISA:							
TOTAL CONFERENCE COSTS							\$ -

The agenda must be attached to process payment.
In claiming the above amount, I certify that the expenses have been incurred on behalf of the RRDSSAB, that the means of transportation were the most economical, with due regard to convenience, and that the expenditures were made in the exercise of my duties. Note that a valid and detailed receipt must accompany hotel VISA slips.

_____ Date

_____ Employee Signature

_____ Date

_____ Supervisor Signature