

ROB SMALL, MAYOR - Travel Claim	
Meet with Veterans Canada – Halifax – December 13, 2024	
Travel Claim	\$20.00
Accommodations	
Registration	

TOWN OF AMHERST TRAVEL EXPENSE CLAIM



**** Fill in Shaded Areas Only**

Type of Claim, please circle: Travel Expense or Travel Advance

CLAIMANT: Mayor Rob Small

DEPARTMENT: Executive Office

DATES: 13-Dec-24

PURPOSE OF EXPENSE: Meet with Veterans Canada

EXPENSES PAID BY CLAIMANT:

	Receipt Required:	Dates					Total
		Dec 13/24					
Transportation							
Destination							
Mileage (Kms)							Mileage /Km \$0.5838
Total Mileage		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parking	Yes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tolls	No	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Meals - Cost Incl. Taxes & Gratuity							
Breakfast	No	\$ 15.00				\$ -	
Lunch	No	\$ 20.00	\$ 20.00			\$ -	
Dinner	No	\$ 30.00				\$ -	
Total Meals		\$ 20.00	\$ -	\$ -	\$ -	\$ -	\$ 20.00
Accommodations	Yes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	Yes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Description						
TOTAL EXPENSES PAID BY CLAIMANT							\$ 20.00
Less Travel Advance							\$ -
TOTAL EXPENSES DUE TO CLAIMANT							\$ 20.00 (a)

SAP CODING:
 G/L 8030
 Cost Center LEGMAY
 Work Order 1-002
 Vendor Number 102882

EVENT EXPENSES PAID BY TOWN (COPIES OF INVOICES MUST BE ATTACHED):

Description of Event Expenses	Payment Method (Town Credit Card, Town Cheque)	Reference # (Purchase Order #, EE Named on Town Credit Card)	Total Cost (incl HST)
Accommodations			
Event Registration Fee			
Airfare			
Other			
TOTAL EXPENSES PAID BY TOWN			\$ - (b)

TOTAL COST OF EVENT: \$ 20.00 (a + b)

Signature of Claimant: Rob Small

Employee Acknowledge Document on File for Current Fiscal Year (circle one): Yes or No

Confirms to Expense Reimbursement Policy # 3000-07: Mayor Legere

Approved By Signing Authority: [Signature] Date: Dec. 17, 2024

(per Expense Reimbursement Policy)