

ROB SMALL, MAYOR - Travel Claim	
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Meet with School Board Director of Operations – Truro – July 24, 2025	
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Travel Claim	\$20.00
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Accommodations	
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Registration	
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**TOWN OF AMHERST
TRAVEL EXPENSE CLAIM**

2025/26

**** Fill in Shaded Areas Only**

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

CLAIMANT: Robert Small, Mayor
 DEPARTMENT: Executive Office
 DATES: 24-Jul-25
 PURPOSE OF EXPENSE: Meet with School Board Director of Operations



EXPENSES PAID BY CLAIMANT:

	Receipt Required:	Dates					Total	
		July 24/25						
Transportation								
Destination								
Mileage (Kms)							Mileage /Km \$0.5932	
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)	

19-18989

SAP CODING:
 G/L: 6030
 Cost Center: LEGMAY
 Work Order: 1-002
 Vendor Number: 102682

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: Robert Small

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

Conforms to Expense Reimbursement Policy # 3000-07: Approved

Approved By Signing Authority: [Signature]
 (per Expense Reimbursement Policy)

Date: Aug 6, 2025