

COUNCILLOR DARRELL JONES - Travel Claim	
Financial Management for Elected Officials, January 11 – 13, 2017	
Travel Claim	302.09
Accommodations (paid to Lord Nelson Hotel)	279.18
Registration (paid to Association of Municipal Administrators)	517.50

TOWN OF AMHERST TRAVEL EXPENSE CLAIM



** Fill in Shaded Areas Only

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

CLAIMANT: DARRELL JONES

DEPARTMENT: COUNCIL

DATES: Jan 11, 12 & 13, 2017

PURPOSE OF EXPENSE: Financial Management for Elected Officials

	Date:	11-Jan-17	12-Jan-17	13-Jan-17			Mileage	Totals
Destination		Halifax		Amherst			/Km	
Mileage (Kms)		201	0	201			\$0.4231	\$ 170.09
Total Mileage		\$ 85.04	\$ -	\$ 85.04	\$ -	\$ -		\$ 170.09
Meals - Cost Incl. Taxes & Gratuity								
Breakfast	\$ 12.00	\$ -	\$ 12.00	\$ 12.00	\$ -	\$ -		\$ 24.00
Guest Name								
Lunch	\$ 17.00	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Guest Name								
Dinner	\$ 26.00	\$ 26.00	\$ 26.00	\$ -	\$ -	\$ -		\$ 52.00
Guest Name								
Total Meals		\$ 26.00	\$ 38.00	\$ 12.00	\$ -	\$ -		\$ 76.00
Parking		\$ -	\$ 14.00	\$ 12.00	\$ -	\$ -		\$ 26.00
Accommodations		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Total		\$ -	\$ 14.00	\$ 12.00	\$ -	\$ -		\$ 26.00
Miscellaneous	Amount	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
	Description							\$ -
Other								
Tolls		\$ 5.00	\$ -	\$ 5.00	\$ -	\$ -		\$ 10.00
Incidentals		\$ 10.00	\$ 10.00	\$ -	\$ -	\$ -		\$ 20.00
								\$ 30.00

G/L 6030

Cost Center LEGCON

Work Order 1-3099

Vendor Number 103571

TOTAL EXPENSES	\$ 302.09
Less Travel Advance	\$ -
TOTAL EXPENSES DUE TO CLAIMANT	\$ 302.09

Signature of Claimant: *Darrell Jones*

Approved By: *[Signature]*

Conforms to Travel Policy # 3000-01: *[Signature]*

Date: 23-Jan-17

IWK HEALTH CENTRE
5550/5980 UNIV. A
HALIFAX, NS
RECEIPT C2

RECEIPT

Elevator Lobby PS1
CASH NO.C2

ENTRY TIME:

EXIT TIME:
01/13/17 12:28

PARK-DUR.: HRS:MIN
0:04:30

COINS RETURNED RCUD
12.00

COPY NR.:

PAID: CAD 12.00
CASH

VISIT

* YOU ONLY HAVE *
* 20 MINUTES TO *
* EXIT THE LOT *

* NO IN/OUT *
* PRIVILEGES *

* GST INCLUDED *

GST No. 887854354

THANK YOU
FOR VISITING
IWK CENTRE
PLEASE COME AGAIN!

IWK HEALTH CENTRE
5950/5980 UNIV. A
HALIFAX, NS
RECEIPT C2

RECEIPT

Elevator Lobby PS1
CASH NO.C2

ENTRY TIME:

EXIT TIME:
01/12/17 15:40

PARK-DUR.: HRS:MIN
0:07:46

COINS RETURNED RCUD
14.00

COPY NR.:

PAID: CAD 14.00
CASH

VISIT

* YOU ONLY HAVE *
* 20 MINUTES TO *
* EXIT THE LOT *

* NO IN/OUT *
* PRIVILEGES *

* GST INCLUDED *

GST No. 887854354

THANK YOU
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IWK CENTRE
PLEASE COME AGAIN!