

<b>JASON MACDONALD, CAO - Travel Claim</b>	
<b>Northern Region Meeting – Springhill – September 22, 2023</b>	
Travel Claim	\$30.81
Accommodations	
Registration	

**TOWN OF AMHERST  
TRAVEL EXPENSE CLAIM**

2023/24

\*\* Fill in Shaded Areas Only

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



CLAIMANT: Jason MacDonald, CAO  
 DEPARTMENT: Executive Office  
 DATES: 22-Sep-23  
 PURPOSE OF EXPENSE: Northern Region Meeting

**EXPENSES PAID BY CLAIMANT:**

	Receipt Required:	Dates					Mileage /Km	Total
		Sept 22/23	Sept 22/23					
<b>Transportation</b>								
Destination		Springhill	Amherst					
Mileage (Kms)		26.7	26.7			\$0.5770		
Total Mileage		\$ 15.41	\$ 15.41	\$ -	\$ -	\$ -	\$ 30.81	
Parking	Yes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Tolls	No	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Meals - Cost Incl. Taxes &amp; Gratuity</b>								
Breakfast	No	\$ 15.00	\$ -					
Lunch	No	\$ 20.00						
Dinner	No	\$ 30.00						
Total Meals		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Accommodations	Yes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other	Yes		\$ -	\$ -	\$ -		\$ -	
Description								
<b>TOTAL EXPENSES PAID BY CLAIMANT</b>							<b>\$ 30.81</b>	
Less Travel Advance							\$ -	
<b>TOTAL EXPENSES DUE TO CLAIMANT</b>							<b>\$ 30.81 (a)</b>	

SAP CODING:  
 G/L: 6030  
 Cost Center: EXEC  
 Work Order: 1-2944  
 Vendor Number: 101161

**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			
<b>TOTAL EXPENSES PAID BY TOWN</b>			<b>\$ - (b)</b>

**TOTAL COST OF EVENT:** **\$ 30.81 (a + b)**

Signature of Claimant:

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

Conforms to Expense Reimbursement Policy # 3000-07: Magnum Lopez

Approved By Signing Authority:

Date: Sept 26, 2023

