

JASON MACDONALD, CAO - Travel Claim	
APA Pension Meeting – Halifax, NS – March 25-26, 2024	
Travel Claim	\$65.00
Accommodations	\$188.34
Registration	

TOWN OF AMHERST TRAVEL EXPENSE CLAIM

** Fill in Shaded Areas Only

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



CLAIMANT: Jason MacDonald, CAO

DEPARTMENT: Executive Office

DATES: March 25-26, 2024

PURPOSE OF EXPENSE: APA Pension Plan meeting

EXPENSES PAID BY CLAIMANT:

	Receipt Required:	Dates					Mileage /Km \$0 5770	Total	
		Mar 25/24	Mar 26/24						
Transportation									
Destination									
Mileage (Kms)									
Total Mileage		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
Parking	Yes	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
Tolls	No	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
Meals - Cost Incl. Taxes & Gratuity									
Breakfast	No	\$ 15.00	\$ 15.00						
Lunch	No	\$ 20.00	\$ 20.00						
Dinner	No	\$ 30.00							
Total Meals		\$ 30.00	\$ 35.00	\$ -	\$ -	\$ -		\$ 65.00	
Accommodations	Yes	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
Other	Yes		\$ -	\$ -	\$ -			\$ -	
		Description							
TOTAL EXPENSES PAID BY CLAIMANT								\$ 65.00	
Less Travel Advance									
TOTAL EXPENSES DUE TO CLAIMANT								\$ 65.00 (a)	

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	Town Credit Card	Jason MacDonald	\$ 188.34
Event Registration Fee			
Airfare			
Other			
TOTAL EXPENSES PAID BY TOWN			\$ 188.34 (b)

TOTAL COST OF EVENT: \$ 253.34 (a + b)

Signature of Claimant:

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

Approved By Signing Authority:

(per Expense Reimbursement Policy)

Conforms to Expense Reimbursement Policy # 3000-07:

Date: April 2, 2024

Dartmouth Hotel & Suites

15 Spectacle Lake Dr
Dartmouth, NS B3B 1X7



(902) 463-2000

reservations@bestwesterndartmouth.com

www.bestwestern.com

03/26/2024 09:16 AM

Loyalty Club: 6006636831092517

BLUE

Room # 415-A

Registered To:

Macdonald, Jason
5 Ridgewood Court
Amherst, NS B4H 4W7

Conf # 422799
Arrival 03/25/24
Departure 03/26/24

Room Type KESB-KING EXECUTIVE
Guests 1 / 0

Payment Visa/Master
Acct XXXX-XXXX-XXXX-1121

(902) 664-8367

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
03/25/24	Jackson	RC	ROOM CHRG REVENUE			\$159.00
03/25/24	Jackson	9	HRM MARKETING LEVY			\$4.77
03/25/24	Jackson	91	HST			\$23.85
03/25/24	Jackson	93	HST ON LEVY			\$0.72
03/26/24	Oxford	VS	PAYMENT VISA		1121 - 040808	(\$188.34)
			TC: 41B190AF878C08FF	TVR: 0080008000	AID: A0000000031010	

Balance Due	\$0.00
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The undersigned agrees to pay the amount indicated on the balance due portion of this invoice. If the charges are to be billed to a third party, the undersigned agrees to be liable for payment of the charges in the event that the indicated third party fails to pay for any part or the full amount of such charges.

Each Best Western® branded hotel is independently owned and operated.

GST# 8503 24781 RT0001

Signature