



City of Peterborough

JOB TITLE:

Director of Community Services, Manager Public Works Major Projects, 1 Councillor, 1 CIB Committee member, 1 CIB volunteer

PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

This is an interim claim:

first:

second:

This is a final claim:

PURPOSE, LOCATION, AND DATE(S):

Communities in Bloom National Symposium, Halifax, N.S. - October 26-31, 2010.

Other Comments:

Accommodation is for 1 person for 5 nights and 1 person for 4 nights. Accommodation for others is on another staff visa. THIS IS PAGE 1 OF 2 (OCT 31 ON PAGE 2)

EXPENSES	DATES (mm dd/yy)				Foreign Exchange \$	CDN TOTALS
	Oct 26/10	Oct 27/10	Oct 28/10	Oct 29/10		
Transportation:						
Personal Auto	0.00 km	0.00 km	0.00 km	0.00 km	0.00 km	
52.0 cents/km	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Rental Vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
- Parking	\$28.75	\$28.75	\$28.75	\$28.75	\$28.75	\$ 143.75
- Bus	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
- Air	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
- Other -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
Registration:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
Accommodation:	\$186.51	\$373.02	\$373.02	\$373.02	\$373.02	\$1,678.59
Meals: - Breakfast	\$0.00	\$0.00	\$25.94	\$25.94	\$22.49	\$ 74.37
- Lunch	\$0.00	\$0.00	\$0.00	\$0.00	\$13.50	\$ 13.50
- Dinner	\$82.45	\$0.00	\$75.00	\$0.00	\$0.00	\$ 157.45
Other - Specify:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
TOTALS	\$ 297.71	\$ 401.77	\$ 502.71	\$ 427.71	\$ 437.76	\$2,067.66
Less Interim Claim						\$0.00
Less Purchasing Card						\$2,067.66
BALANCE PAYABLE (to Claimant)						\$ 0.00
Recoverable: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	If yes, recoverable from					

I hereby certify that all the above expenditures were disbursed on behalf of the Corporation of the City of Peterborough for purposes stated above.

Date: Dec 28/10 Signature: _____

I have examined the above expense claim and the attached

Date: Dec 13/10 Signature: _____



City of Peterborough

JOB TITLE:

Director of Community Services, Manager Public Works Major Projects, 1 Councillor, 1 CIB Committee member, 1 CIB volunteer

ANNUAL EXPENSE CLAIM FORM

This is an interim claim:

first: second:

This is a final claim:

PURPOSE, LOCATION, AND DATE(S):

Communitiees in Bloom National Symposium, Halifax, N.S. - October 26-31, 2010.

Other Comments:

Car rental amount is balance payable upon return. THIS IS PAGE 2 OF 2 (OCT 26-30 ON PAGE 1)

EXPENSES										Foreign Exchange \$	CDN TOTALS
DATES (mm/dd/yy)	Oct 31/10										
Transportation:											
Personal Auto	0.00 km	0.00 km	0.00 km	0.00 km	0.00 km	0.00 km	0.00 km	0.00 km	0.00 km		
52.0 cents/km	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00
Rental Vehicle	\$157.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 157.67
- Parking	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
- Bus	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
- Air	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
- Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
Registration:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
Accommodation:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
Meals: - Breakfast	\$22.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 22.49
- Lunch	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
- Dinner	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
Other - Specify:											
Bottled Water	\$6.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 6.33
TOTALS	\$ 186.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 186.49
Less Interim Claim											\$0.00
Less Purchasing Card											\$186.49
BALANCE PAYABLE (to Claimant)											\$ 0.00

Recoverable: yes no If yes, recoverable from

I hereby certify that all the above expenditures were disbursed on behalf of the Corporation of the City of Peterborough for purposes stated above.

Date: Dec 13/10 Signature: _____

I have examined the above expense claim and the attached

Date: Dec 13/10 Signature: _____