



City of Peterborough

# PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

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

JOB TITLE:

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:**

Total of \$6432.36 = Purchasing card amount of \$6065.16 paid on Director's Visa + \$367.20 paid on another staff's visa for travel insurance. (detailed here for recording of total costs).

		<b>EXPENSES</b>				Foreign Exchange \$	CDN TOTALS
DATES (mmm dd/yy)		Oct 26/10	Oct 27/10	Oct 28/10	Oct 29/10	Oct 30/10	
<b>Transportation:</b>							
Personal Auto	0.00 km	0.00 km	0.00 km	0.00 km	0.00 km	0.00 km	
<b>52.1 cents/km</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Rental Vehicle	\$614.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 614.96
- Parking	\$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
- Air	\$2,810.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,810.95
- Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
<b>Registration:</b>	\$2,639.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,639.25
<b>Accommodation:</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
<b>Meals:</b> - Breakfast	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
- Lunch	\$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
<b>Other - Specify:</b>							
Travel Insurance	\$367.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 367.20
<b>TOTALS</b>	\$6,432.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$6,432.36
Less Interim Claim							
Less Purchasing Card							
<b>BALANCE PAYABLE (to Claimant)</b>							
<b>\$0.00</b>							
<b>\$6,432.36</b>							
<b>\$ 0.00</b>							
<b>Recoverable: yes <input checked="" type="checkbox"/> no <input type="checkbox"/></b> If yes, recoverable from : CIB Volunteer reimbursed City							

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: 20 + 16 / 10 Signature: \_\_\_\_\_

I have examined the above expense claim and the attached  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_