



PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

City of Peterborough

JOB TITLE:

Wellness, Benefits, Safety Coordinator

This is an interim claim: first: second:

This is a final claim:

PURPOSE, LOCATION, AND DATE(S):

Ontario Occupational Health Nurses Conference in London ON May 11 & 12, 2010

Other Comments:

Conference focus for 2010 was "Keeping Workers Well". Dealt with best practises for the health & safety of the workforce.

						Foreign Exchange \$	CDN TOTALS
DATES (mmm dd/yy)	May 10/10	May 11/10	May 12/10				
Registration:							
Transportation:							
Personal Auto 307 Km X 50.9¢	\$156.27		\$156.27				\$312.54
Rental Vehicle							
- Parking							
- Bus							
- Air							
- Other							
Accommodation:	\$124.00	\$124.00					\$248.00
Meals: - Breakfast							
- Lunch							
- Dinner	\$28.68	\$9.19					\$37.87
Other – Specify: Tax	\$12.40	\$12.40					\$24.80
TOTALS	\$321.35	\$145.59	\$156.27				\$623.21
Less Interim Claim							
Less Purchasing Card							
BALANCE PAYABLE (to Claimant)							\$310.67
BALANCE PAYABLE (to Claimant) <u>101-171-8205</u>							\$312.54
Recoverable: yes <input type="checkbox"/> no <input 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: <u>June 7 - 10</u> Signature: _____							
I have examined the above expense claim and the attached receipts and hereby approve the claim for payment.							
Date: <u>June 7/10</u> Signature: _____							