



City of Peterborough

# PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIMFORM

JOB TITLE:

Benefits Wellness Safety Coordinator

This is an interim claim:  first:  second:

This is a final claim:

**PURPOSE, LOCATION, AND DATE(S):**

Ontario Occupational Health Nurses Association –CNO Quality Assurance: Ethics/Infection Control Workshops – November 20, 2010 at Hillside Estates, 590 Oshawa Blvd.

Other Comments:

EXPENSES						Foreign Exchange \$	CDN TOTALS	
DATES (mmm dd/yy)	Nov 20/10							
<b>Transportation:</b>								
Personal Auto 52.0 cents/km	0.00 km \$ 0.00	0.00 km \$ 0.00	0.00 km \$ 0.00	0.00 km \$ 0.00	0.00 km \$ 0.00		\$ 0.00	
Rental Vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00	
- 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	\$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	
<b>Registration: VISA</b>	<b>\$237.50</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$ 237.50</b>	
<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>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00	
<b>TOTALS</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	
Less Interim Claim								<b>\$0.00</b>
Less Purchasing Card								<b>\$237.50</b>
<b>BALANCE PAYABLE (to Claimant)</b>								<b>\$ 0.00</b>

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: Nov 5-10 Signature: \_\_\_\_\_

I have examined the above expense claim and the attached

Date: Nov 5/10 Signature: \_\_\_\_\_

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