



City of Peterborough

# PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

JOB TITLE: Fitness and Lifestyle Coordinator

This is an interim claim:  first:  second:

This is a final claim:

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

Canadian Fitness Professionals Conference and Trade Show, Toronto Metro Convention Centre, Toronto, Ontario  
August 18-22, 2011

**Other Comments:**

Attend conference to gain continuing education credits to maintain fitness certifications and to remain knowledgeable on current fitness trends.

EXPENSES						Foreign Exchange \$	CDN TOTALS	
DATES (mmm dd/yy)	Aug 18/11							
<b>Transportation:</b>								
Personal Auto 58.2 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:</b>	\$380.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 380.81	
<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>	\$ 380.81	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 380.81	
Less Interim Claim								\$0.00
Less Purchasing Card								\$380.81
<b>BALANCE PAYABLE (to Claimant)</b>								\$ 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: May 11, 2011 Signature: [Signature]

I have examined the above expense claim and the attached receipts and hereby approve the claim for payment.

Date: May 11, 11 Signature: [Signature]