

PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

Name:	Brian Jobbitt	For office use only
Employee Number:	#2381	
Account Number:	PW26-20-8225	



City of
Peterborough

PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

JOB TITLE: Assistant Manager Public Works

This is an interim claim: <input checked="" type="checkbox"/> first: <input type="checkbox"/> second: <input checked="" type="checkbox"/>	This is a final claim: <input type="checkbox"/>
PURPOSE, LOCATION, AND DATE(S): Municipal Equipment and Operations Association Spring Meeting- Brantford, Ontario Apr 13-14/11	
Other Comments:	

EXPENSES						Foreign Exchange \$	CDN TOTALS	
DATES (mmm dd/yy)	Feb 10/11							
Transportation:								
Personal Auto 55 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	
Registration:	\$170.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 170.10	
Accommodation:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00	
Meals: - 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	
Other - Specify:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00	
TOTALS	\$ 170.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 170.10	
Less Interim Claim							\$0.00	
Less Purchasing Card							\$170.10	
BALANCE PAYABLE (to Claimant)							\$ 0.00	
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: Mar 7/11		Signature: <i>[Signature]</i>						
I have examined the above expense claim and the attached receipts and hereby approve the claim for payment.								
Date: 9/3/11		Signature: <i>[Signature]</i>						