



City of Peterborough

# PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

JOB TITLE: Family Support Worker

This is an interim claim:  first:  second:  This is a final claim:

**PURPOSE, LOCATION, AND DATE(S):**  
OMSSA Family Support Worker Core Training, Eaton Chelsea, Toronto, June 4, 5, 6, 2014

**Other Comments:**

| EXPENSES   |                    |                    |                       |                    |                    | Foreign Exchange \$ | CDN TOTALS       |
|--|--------------------|--------------------|-----------------------|--------------------|--------------------|---------------------|------------------|
| DATES (mmm dd/yy)  | Jun 04/14          | Jun 05/14          | Jun 06/14             |                    |                    |                     |                  |
| <b>Transportation:</b>   |                    |                    |                       |                    |                    |                     |                  |
| Personal Auto<br>61.4 cents/km   | 139 km<br>\$ 85.35 | 0.00 km<br>\$ 0.00 | 139.00 km<br>\$ 85.35 | 0.00 km<br>\$ 0.00 | 0.00 km<br>\$ 0.00 |                     | \$ 170.70        |
| 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>   | \$0.00             | \$0.00             | \$0.00                | \$0.00             | \$0.00             | \$0.00              | \$ 0.00          |
| <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   | ✓ \$30.00          | ✓ \$19.87          | \$0.00                | \$0.00             | \$0.00             | \$0.00              | \$ 49.87         |
| <b>Other - Specify:</b>  | \$0.00             | \$0.00             | \$0.00                | \$0.00             | \$0.00             | \$0.00              | \$ 0.00          |
| <b>TOTALS</b>  | \$ 115.35          | \$ 19.87           | \$ 85.35              | \$ 0.00            | \$ 0.00            | \$ 0.00             | \$ 220.57        |
| Less Interim Claim   |                    |                    |                       |                    |                    |                     | \$0.00           |
| Less Purchasing Card   |                    |                    |                       |                    |                    |                     | \$0.00           |
| <b>BALANCE PAYABLE (to Claimant)</b>   |                    |                    |                       |                    |                    |                     | <b>\$ 220.57</b> |
| Recoverable: yes <input type="checkbox"/> no <input type="checkbox"/> If yes, recoverable from |                    |                    |                       |                    |                    |                     |                  |

I hereby certify that all the above expend purposes stated above.  
 Date: 09/16/2014

I have examined the above expense claim  
 Date: 12/16/14



City of Peterborough

# PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

JOB TITLE:

Family Support Worker

This is an interim claim:  first:  second:

This is a final claim:

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

OMSSA Core Family Support Training, Toronto, ON, June 4-6/14

Other Comments:

| EXPENSES                             |                    |                    |                    |                    |                    | Foreign Exchange \$ | CDN TOTALS     |
|--------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------------|----------------|
| DATES (mmm dd/yy)                    | Jun 04/14          |                    |                    |                    |                    |                     |                |
| <b>Transportation:</b>               |                    |                    |                    |                    |                    |                     |                |
| Personal Auto<br>61.9.cents/km       | 0.00 km<br>\$ 0.00 | 0.00 km<br>\$ 0.00 | 0.00 km<br>\$ 0.00 | 0.00 km<br>\$ 0.00 | 0.00 km<br>\$ 0.00 |                     | \$ 0.00        |
| Rental Vehicle                       |                    | \$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        |
| - Bus                                |                    | \$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>                 |                    | \$0.00             | \$0.00             | \$0.00             | \$0.00             | \$0.00              | \$ 0.00        |
| <b>Accommodation:</b>                | \$363.22           | \$0.00             | \$0.00             | \$0.00             | \$0.00             | \$0.00              | \$ 363.22      |
| <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>                        | \$ 363.22          | \$ 0.00            | \$ 0.00            | \$ 0.00            | \$ 0.00            | \$ 0.00             | \$ 363.22      |
| Less Interim Claim                   |                    |                    |                    |                    |                    |                     | \$0.00         |
| Less Purchasing Card                 |                    |                    |                    |                    |                    |                     | \$363.22       |
| <b>BALANCE PAYABLE (to Claimant)</b> |                    |                    |                    |                    |                    |                     | <b>\$ 0.00</b> |

Recoverable: yes  no  If yes, recc

I hereby certify that all the above expenditure purposes stated above.

Date: July 8/14

I have examined the above expense claim ar

Date: July 8/14