



City of Peterborough

# PROFESSIONAL DEVELOPMENT, TRAVEL, AND HOSPITALITY EXPENSE CLAIM FORM

JOB TITLE:

Temporary Return to Work Wellness Coordinator

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

**PURPOSE, LOCATION, AND DATE(S):**  
 OMHRA fall one day workshop November 25, 2015 - Workplace Harrassment & Mental Distress Claims -Kingbridge Centre 12750 Jane Street King City.

**Other Comments:**

EXPENSES						Foreign Exchange \$	CDN TOTALS	
DATES (mmm dd/yy)	Nov 25/15							
<b>Transportation:</b>								
Personal Auto 53.3 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>	\$224.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 224.87	
<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>	\$ 224.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 224.87	
Less Interim Claim							\$0.00	
Less Purchasing Card							\$224.87	
BALANCE PAYABLE (to Claimant)								
Recoverable: yes <input type="checkbox"/> no <input type="checkbox"/> If yes, recoverable from								

I hereby certify that all the above expenditure purposes stated above.  
 Date: October 30, 2015

I have examined the above expense claim ar  
 Date: Nov. 2/15