



Corporate Business Expense Claim

Attendance at Conference/ Seminars/ Training, and Business Travel

Accounting Services Division
Corporate Accounts Payable

Conference Seminar Training Business Travel

This form should be submitted within 10 business days of return from the conference/seminar.

Attach original approved "Request for Authorization Form" and all original receipts.

Foreign Currency Exchange Rate** Exchange Rate applied to convert from local currency to CAD = _____ (if applicable)			Invoice Number** EXP/APR18-APR20/18
Vendor Name** Paul Iorfida			Vendor Number** 1017666
Division** EDC - Capital Assets	Work Address** 55 John St., 8th Floor, Metro Hall, Toronto	Postal Code** M5V 3C6	Invoice Date** (m/d/yyyy) 04/26/2018
Name of Conference / Seminar / Training / Business Travel** Museums in Historic Buildings 2018-2019			Payment Amount** \$533.20 513.20
Start Date** (m/d/yyyy) Wednesday, April 18, 2018		End Date** (m/d/yyyy) Friday, April 20, 2018	

Description	GL Account**	Cost Centre/ WBS Element/ Internal Order**	Functional Area**	Net Amount**	HST**	Total Including Taxes**
Registration Fees	4256	AH0030	1570100000	350.00	45.50	395.50
Travel <input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus						0.00
Use of Personal Vehicle 580 kms X \$0.54 /km	4251	AH0030	1570100000	313.20		313.20
Accommodation 2 days @ \$115. \$129/1day <i>(Paid)</i>	4252	AH0030	1570100000	374.62 359.00	42.20 57.44	416.44
Ground Transportation ie: taxis and car rental						0.00
Ground Transportation ie: taxis and car rental						0.00
Foreign Transactions- NO TAX						0.00
Per Diem (See Bus. Expense Policy) 3 days @ <i>2 @ \$25/day 1 @ \$25</i>	4255	AH0030	1570100000	200 220.00	n/a	200 220.00
Other (Please specify)						0.00
Training	4310					0.00
TOTAL EXPENSES						\$1,345.14

Less: Advances & Prepayments: *Mandatory if applicable	SAP Document Number / Pcard transaction Number: <i>12-8152, 12-8151, 12-21853</i> PLEASE SEE ATTACHED					
Registration Fees	4256	4922-146	<i>1570100000</i>	-350.00	-45.50	-395.50
Air Travel				-	-	-
Advances (Conf/Sem)	4250			-	-	-
Advances (Bus. Travel)	4204			-	-	-
Accommodation	4252	4922-145 & 4966-57	<i>1570100000</i>	-368.87	-47.95	-416.82
Total Advances & Prepayment Amount**		<i>4922-145</i>		<i>374.62</i>	<i>42.20</i>	
TOTAL PAYABLE TO INDIVIDUAL/CITY						\$533.20

Employee Name: Paul Iorfida
Title: Supervisor, Heritage Facilities Maintenance
Date: May 11/18
Telephone: [Redacted]
Signature: [Redacted]

Authorized by: [Redacted]
Title: [Redacted]
Date: [Redacted]
Telephone: [Redacted]
Signature: [Redacted]

****This form may not be altered in any manner. All mandatory fields must be completed and filled in electronically. Incomplete forms will be returned to the originator for corrections prior to being processed for payment. Hand written forms will not be accepted and will be returned to the division.**

Important note: Employees seeking reimbursement and program administration staff are responsible for blacking out or severing the full credit card numbers and/or non-business phone numbers that may appear on original receipts before sending to Accounts Payable for processing.

Request for Authorization

Attendance at Conferences/Seminars, Training and Business Travel

This form should be completed and the necessary approvals obtained at least 10 business days in advance of undertaking any training, business travel, and/or attending any conference/seminar.
The \$3,500 limit does not apply to training. Please refer to the completion guidelines of this form and all related policies.

Conference Seminar Training Business Travel

Name:	Paul Iorfida		
Division:	EDC - Museums & Heritage Services: Capital Assets		
Work Address:	[REDACTED]		
Name of Conference/Seminar/Training:	Museums in Historic Buildings 2018-2019		
	Within GTA <input type="checkbox"/>	Outside GTA & within Ontario <input checked="" type="checkbox"/>	Outside Ontario/Canada <input type="checkbox"/>
Destination:	Arthur Child Heritage Museum, 125 Water Street, Gananoque, Ontario		
Start Date:	Wednesday, April 18, 2018	End Date:	Friday, April 20, 2018
Are breakfast, lunch and/or dinner meals provided by the Sponsor? Please specify: (Meals will be deducted from per Diem as stated in Business Exp Policy)			
Meals are not provided by the sponsor. A per diem schedule has been attached.			
Purpose: Use space provided below for full description			
The Ontario Museum Association will explore preservation and management issues affecting historic buildings serving as museums, and examine the balance between preserving the building and the collection it houses. Paul Iorfida is a heritage facilities maintenance professional. Paul works in Capital Assets, Museums & Heritage Services, EDC.			

ESTIMATED COSTS: (The estimated costs should include HST and all other applicable taxes)

Use Exchange rate(s):	1 unit local currency =	\$ _____	CAD	Foreign Currency	Canadian\$ (incl.tax)
	1 unit local currency =	\$ _____			
	1 unit local currency =	\$ _____			
Registration Fees: (Conference/Seminar/Training)					
\$350.00 + \$45.50 HST = \$395.50				n/a	\$395.50
Accommodation: (Standard Single Room)					
Number of Days: 3 (see attached for breakdown /day incl. taxes)				n/a	\$416.44
Travel Method:					
Air <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/>					
Personal Vehicle: 600 km X \$0.54 CAD/km				n/a	\$324.00
Ground transportation: (including car rental, to/from airports) Specify estimates:				n/a	0
Sundry Expenses: (See Business Expense Policy; Meals provided are deducted)					
Number of Days: 3 X \$65.00 1 @ \$25				n/a	\$220.00
Sub-Total Estimated Costs:				n/a	
- Other Business Meeting expenses outside of Conference costs, please specify:					
N/A				n/a	0
TOTAL ESTIMATED COST:				n/a	\$1,355.94

Cost Centre/ WBS Element to be charged:	AH0030
Functional Area to be charged:	1570100000

I certify that all estimated costs relating to this travel have been included in this form.

Signature of Employee:

[REDACTED SIGNATURE]

FEBRUARY 12/2018
(date)

I have confirmed that approved funds are available for this purpose:

Approval for Proposed Expense

Division Head or [REDACTED]

Deputy City Manager: [REDACTED]

FEB 16/18
(date)

FEB 20 2018
(date)

City Manager/Mayor: _____ (print name) _____ (signature) _____ (date)

Committee & Report No. (if applicable) _____ (date)

Course Payment Receipt



ONTARIO MUSEUM
ASSOCIATION
MUSÉES DE L'ONTARIO

PAYMENT RECEIPT

Date: Feb 22, 2018

To: Paolo Iorfida
55 John Street
Toronto, Ontario
M5V 3C6
Canada

Receipt #: OMA-P-2018-02-000286

Ontario Museum Association

Description	Name	Price
CMS: Museums in Historic Buildings 2018-2019	Paolo Iorfida	\$350.00 + 13% HST
	Amount	\$350.00
	13% HST	\$45.50
	Total	\$395.50

Method of Payment: Mastercard

Thank you for your payment!

HST No. R107798522
Charitable No. 10779 8522 RR

PAID DATE 12-8152



50 SPUR BALDWIN STREET | TORONTO ONTARIO | M5T 1L4 | CANADA
TEL: 416-348-9672 | TOLL FREE: 1-866-OMA-8672 | FAX: 416-348-0438
EMAIL: OMA@MUSEUMSONTARIO.CA | MUSEUMSONTARIO.CA OR/OU MUSÉESONTARIO.CA

**The Gananoque Inn & Spa
550 Stone Street South
Gananoque, Ontario
Jay Badri Vishal Hospitality
K7G 2A8**

Telephone: 613-382-2165 Fax: 613-382-7912

Paolo Iorfida
55 John St
Metro Hall, 14 Th Floor

Page # 1
Res. # 194365
Checked in Tue Apr 17/18 - 10:11pm
Checked out Fri Apr 20/18 - 8:09am
Nights 3
Room Rate 129.00
Promo Code
Room 509

Date	Description	Reference	Charges	Credits
Feb22	PAID BY MASTERCARD - Thank you	non ref dep		50.00
Apr17	Room With Breakfast		115.00	
Apr17	Destination Marketing Program		3.15	
Apr17	HST		15.36	
Apr18	Room With Breakfast		115.00	
Apr18	Destination Marketing Program		3.15	
Apr18	HST		15.36	
Apr19	Room With Breakfast		129.00	
Apr19	Destination Marketing Program		3.57	
Apr19	HST		17.23	
Apr20	PAID BY MASTERCARD - Thank you			366.82
			0.00	416.82
				416.82

P.O. number: 1724

Thank you for staying with us. See our catering manager to book your next meeting/banquet with us. Have a nice day!

Our H.S.T. # is 70976 5929

Charge Summary:
Destination Marketing Pro 9.87
HST 47.95



The Gananoque Inn & Spa
550 Stone Street South
Gananoque, Ontario
Jay Badri Vishal Hospitality
K7G 2A8
613-382-2165

TYPE Capture
ACCOUNT Mastercard
CARD NUMBER **** * 5932
DATE/TIME 2018-04-20 08:09:12
REF NUMBER 610610810010760070 C
ORDER ID 19436579746
AUTH CODE 220921

AMOUNT \$366.82

APP LABEL MasterCard
EMV AID A000000041010
ARQC TVR 0000008000
ARQC 1FDE858965F4FCA3
TSI E800

01 APPROVED - THANK YOU 027

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

IMPORTANT - RETAIN FOR YOUR RECORDS

Customer Copy

\$ 50 DEPOSIT ON ROOM.

Paul (Paolo) Iorfida

From: Gananoque Inn & Spa Guest Services <info@gananoqueinn.com>
Sent: February-22-18 4:48 PM
To: Paul (Paolo) Iorfida
Subject: The Gananoque Inn & Spa\Reservation Details

The Gananoque Inn & Spa
Reservation Details

Pg 1

Res. # 194365
Guest Name Paolo Iorfida
Address 55 John St
Metro Hall, 14 Th Floor
Phone # 647-464-1524
Email Address paul.iorfida@toronto.ca

Res. Taken Thu Feb 22/18 - 4:44 pm by PASH
Arriving Tue Apr 17/18
Departing Fri Apr 20/18

of Adults 1
of Rooms 1
Room 509
Room Type 509 1 Queen/noview/streetlevel/Ann
Rate Type RAC Room With Breakfast
Room Rate 115.00
Weekday Rate 115.00
Current Balance -50.00
Current Status RES
Settlement Method MC Master Card
Credit Card # 0*****5932
Expiry Date 10/21
Guaranteed Y
Market Source ON On Line Reservations
Deposit Required 0.00
Deposit Req'd by Apr 17/18
Deposit Received -50.00