



Accounting Services Division
Corporate Accounts Payable

Corporate Business Expense Claim

Attendance at Conference/ Seminars/ Training, and Business Travel

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-May 14/18		
Vendor Name** Michael Wolfson			Vendor Number** 1007172 8118258		
Division** EDC		Work Address** 5100 Yonge St., Main Floor, Toronto		Postal Code** M2N5V7	
Name of Conference / Seminar / Training / Business Travel** Niagara College Technical Advisory Centre Industry Advisory Group Meeting					Invoice Date** (m/d/yyyy) 05/14/2018
Start Date** (m/d/yyyy) Tuesday May-8-2018					End Date** (m/d/yyyy) Tuesday May-8-2018
					Payment Amount** \$140.40

Description	GL Account**	Cost Centre/ WBS Element/ Internal Order**	Functional Area**	Net Amount**	HST**	Total Including Taxes**
Registration Fees	n/a	n/a	n/a	n/a	n/a	n/a
Travel <input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus	n/a	n/a	n/a	n/a	n/a	n/a
Use of Personal Vehicle 260 0.54	4251	EDO127	1540100000	n/a	n/a	140.40
Accommodation	n/a	n/a	n/a	n/a	n/a	n/a
Ground Transportation ie: taxis and car rental	n/a	n/a	n/a	n/a	n/a	n/a
Ground Transportation ie: taxis and car rental *Foreign Transactions- NO TAX*	n/a	n/a	n/a	n/a	n/a	n/a
Per Diem (See Bus. Expense Policy)	n/a	n/a	n/a	n/a	n/a	n/a
Other (Please specify)	n/a	n/a	n/a	n/a	n/a	n/a
Training	4310	n/a	n/a	n/a	n/a	n/a
TOTAL EXPENSES						\$140.40
Less: Advances & Prepayments: *Mandatory if applicable		SAP Document Number / Pcard transaction Number:				
Registration Fees	4215	n/a	n/a	n/a	-	-
Air Travel		n/a	n/a	n/a	-	-
Advances (Conf/Sem)	4250	n/a	n/a	n/a	-	-
Advances (Bus. Travel)	4204	n/a	n/a	n/a	-	-
Total Advances & Prepayment Amount**						
TOTAL PAYABLE TO INDIVIDUAL/CITY						\$140.40

Employee Name: MICHAEL WOLFSON
 Title: SDO FOOD & BEVERAGE
 Date: MAY 14 / 2018

Telephone: [Redacted]
 Signature: [Redacted]

Authorized by: George Spezza
 Title: Director, Business Growth Services
 Date: _____
 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.

May 201 Updated: April 2015

ASF.0030.02



Accounting Services Division
Corporate Accounts Payable

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:	Michael Wolfson		
Division:	Economic Development and Culture		
Work Address:	North York Civic Centre, 5100 Yonge St., Main Floor, Toronto, Ontario		
Name of Conference/Seminar/Training:	Industry Advisory Committee-Canadian Food and Wine Institute		
	Within GTA <input type="checkbox"/>	Outside GTA & within Ontario <input checked="" type="checkbox"/>	Outside Ontario/Canada <input type="checkbox"/>
Destination:	Niagara College 135 Taylor Road, Niagara-on-the-Lake, Ontario L0S1J0		
Start Date:	Tuesday May 8th, 2018	End Date:	Tuesday May 8th, 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)			
Working Breakfast will be served.			
Purpose: Use space provided below for full description			
The Canadian Food and Wine Institute (CFWI), located at Niagara College, was granted an NSERC grant in 2016 as a Technical Advisory Centre (TAC). Along with George Brown College, in Toronto, and Holland College, in Charlottetown, PEI, it is one of three for food and beverage research centres in Canada. In 2016 I was asked to sit on the Advisory Committee for the TAC Centre along with other industry colleagues from across Ontario and Canada. My involvement on the Committee allows Toronto companies and new food start-ups, that wish to have products developed by the CFWI, a link to the expertise the College has to offer. Through this work an MOU was set up between our Food Starter incubator and Niagara College to work collaboratively in order to help commercialize food and beverage products for clients in South-western Ontario. A number of Toronto companies have taken advantage of this collaboration to date. The Steering committee meets twice per year.			

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)		n/a	n/a
Accommodation: (Standard Single Room)			
Number of Days: X /day incl. taxes		n/a	n/a
Travel Method:			
Air <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/>			
Personal Vehicle: 260 X 54 CAD/km		n/a	140.4
Ground transportation: (including car rental, to/from airports) Specify estimates:		n/a	n/a
Sundry Expenses: (See Business Expense Policy; Meals provided are deducted)			
Number of Days: X CAD or USD		n/a	n/a
Sub-Total Estimated Costs:		n/a	n/a
- Other Business Meeting expenses outside of Conference costs, please specify:		n/a	n/a
TOTAL ESTIMATED COST:			140.4

Cost Centre/WBS Element to be charged:	EDO0127
Functional Area to be charged:	1540100000

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

Signature of Employee:

(signature)

APRIL 6/2018 (date)

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

Approval for Proposed Expense

Division Head or

Mike Williams (print name)

(signature)

(date)

Apr 16/18

Interim Deputy City Manager:

Elaine Baxter-Trahan (print name) Acting DCM

(signature)

(date)

Apr 18/18

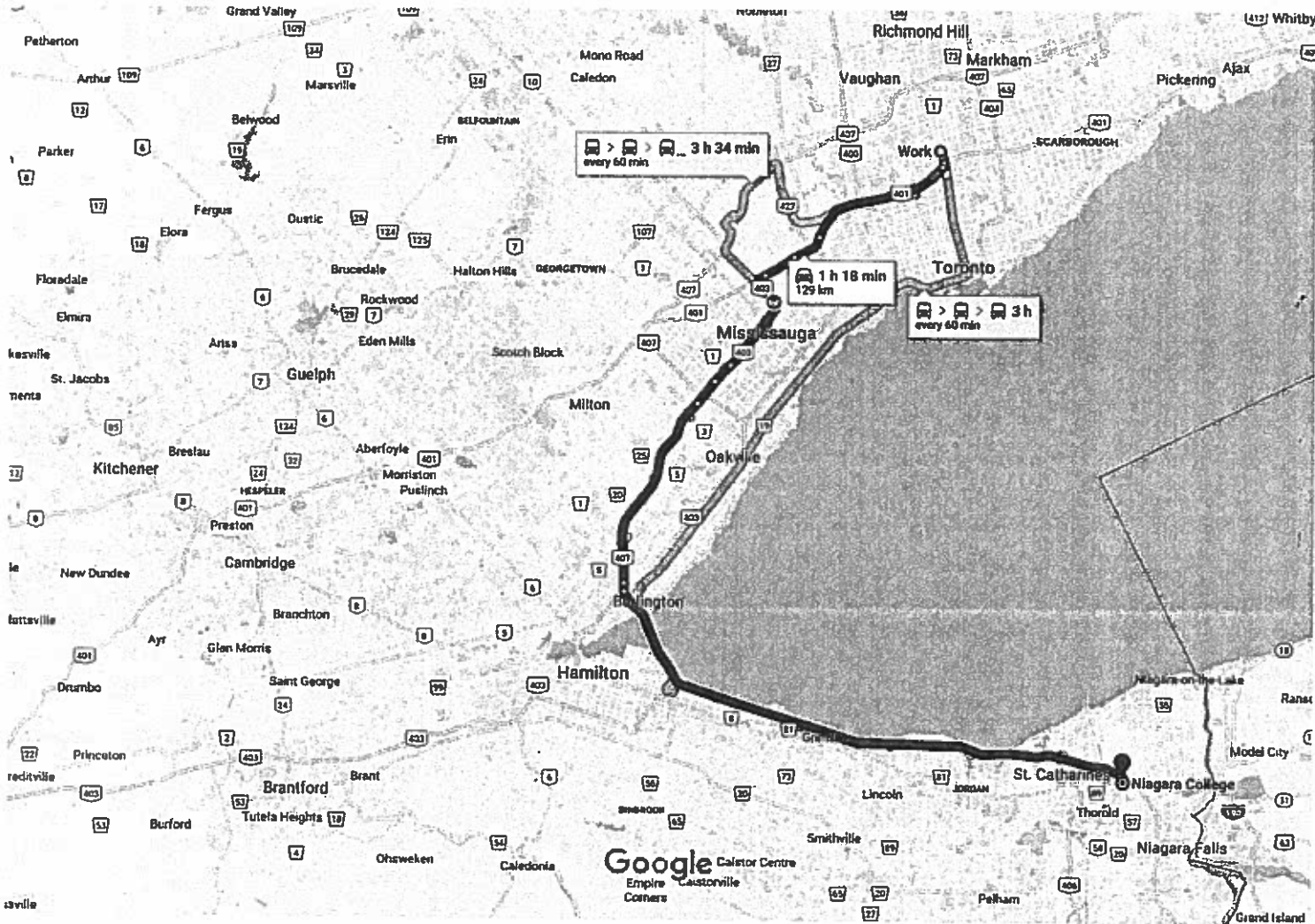
City Manager/Mayor:

(signature)

(date)

Committee & Report No. (if applicable)

(date)



Map data ©2018 Google 10 km

via Queen Elizabeth Way/QEW 1 h 18 min
 Fastest route, the usual traffic 129 km
 ⚠ This route has tolls.

11:04 AM–2:04 PM 3 h
 🚶 > 🚏 > 🚝 LW > 🚍 12

10:30 AM–2:04 PM 3 h 34 min
 🚍 97 > 🚍 36 > 🚍 47 > 🚍 12