



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/MA7-MA8/18
Vendor Name** Nedislav Sabev		Vendor Number** 1010366
Division** EDC	Work Address** 100 Queen Street West, 8 East	Postal Code** M5H 2N2
Name of Conference / Seminar / Training / Business Travel** Tourism HR Canada Stakeholder Conference Labour Market Forum		Invoice Date** (m/d/yyyy) 3/12/2018
Start Date** (m/d/yyyy) 03/07/2018	End Date** (m/d/yyyy) 03/08/2018	Payment Amount** \$ 90.00

Description	GL Account **	Cost Centre/ WBS Element/ Internal Order **	Functional Area **	Net Amount **	HST **	Total Including Taxes **
Registration Fees						0.00
Travel <input checked="" type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus						0.00
Use of Personal Vehicle kms X \$0. /km						0.00
Accommodation 1 \$ N/A/day						0.00
Ground Transportation ie: taxis and car rental						0.00
Ground Transportation ie: taxis and car rental *Foreign Transactions- NO TAX*						0.00
Per Diem (See Bus. Expense Policy) 2 days @ \$50+\$40	4255	ED0160	1540200000	90.00		90.00
Other (Please specify)						0.00
Training	4310					0.00
TOTAL EXPENSES						\$90.00

Less: Advances & Prepayments: *Mandatory if applicable	SAP Document Number / Pcard transaction Number:					
Registration Fees				-	-	-
Air Travel				-	-	-
Advances (Conf/Sem)	4250			-	-	-
Advances (Bus. Travel)	4204			-	-	-
Total Advances & Prepayment Amount**						90.00
TOTAL PAYABLE TO INDIVIDUAL/CITY						

Employee Name: Nedislav Sabev
 Title: Senior Policy Advisor
 Date: 03/12/2018
 Telephone: [Redacted]
 Signature: [Redacted]

Authorized by: Pamela Roberts
 Title: Director, Program Support
 Date: _____
 Telephone: 416-395-0410
 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.**

RECEIVED

JAN 18 2018

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:	Nedislav Sabev		
Division:	EDC		
Work Address:	City Hall, 8th Floor, East Tower, 100 Queen West		
Name of Conference/Seminar/Training:	Tourism HR Canada Stakeholder Conference		
Within GTA <input type="checkbox"/>	Outside GTA & within Ontario <input checked="" type="checkbox"/>	Outside Ontario/Canada <input type="checkbox"/>	
Destination:	Ottawa, ON		
Start Date:	03/07/2018 (Wednesday)	End Date:	03/08/2018 (Thursday)
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)			
No			

Purpose: Use space provided below for full description
 Tourism HR Canada invites tourism stakeholders across Canada to attend a two-day conference in Ottawa, March 7-8, 2018. Delegates representing all levels of government, national and provincial associations, educational institutions, tourism and hospitality-related companies and business operators will be in attendance. I was recommended as a participant because of my experience and interest in tourism and hospitality labour market issues. Delegates will be expected to engage in lively discussions and offer insights, opinions and recommendations on prevailing labour market issues. Accommodation and travel costs are reimbursed by THRC

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)	none		N/A Paid by THRC
Accommodation: (Standard Single Room)			
Number of Days: 2	X \$193.97 /day incl. taxes		N/A Paid by THRC
Travel Method:	Air <input checked="" type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/>		
Personal Vehicle: km	X \$0. CAD/km \$250.00		N/A Paid by THRC
Ground transportation: (including car rental, to/from airports) Specify estimates:			N/A Paid by THRC
Sundry Expenses: (See Business Expense Policy; Meals provided are deducted)			
Number of Days: 2	X \$65.00 CAD or USD		130.00
Sub-Total Estimated Costs:			130.00
- Other Business Meeting expenses outside of Conference costs, please specify:			
TOTAL ESTIMATED COST:			130.00



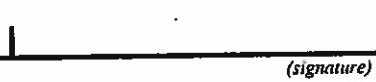
Cost Centre/ WBS Element to be charged:	ED0160
Functional Area to be charged:	1540200000

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

Signature of Employee: _____ (signature) 03/16/2018 (date)

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

Approval for Proposed Expense

Division Head or	Mike Williams <small>(print name)</small>		J-181E <small>(date)</small>
Deputy City Manager:	Giuliana Carbone <small>(print name)</small>		Jan 22 2018 <small>(date)</small>
City Manager/Mayor:	Peter Wallace <small>(print name)</small>		<small>(date)</small>
Committee & Report No. (if applicable)			<small>(date)</small>