



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 = _____ <small>(if applicable)</small>			Invoice Number** EXP/OC26-0026/18
Vendor Name** Ewan Wardle			Vendor Number** 1018120
Division** EDC- Museums & Heritage Services	Work Address** 250 Fort York Blvd	Postal Code** M5V 3K9	Invoice Date** (m/d/yyyy) November 15, 2018
Name and Location of Conference / Seminar / Training / Business Travel** Ontario Museums Association Conference- The Westin Prince, 900 York Mills Blvd. North York, ON M3B 3H2			Payment Amount** \$0.00
Start Date** (m/d/yyyy) Friday October 26, 2018		End Date** (m/d/yyyy) Friday October 26, 2018	

Description	GL Account ..	Cost Centre/ WBS Element/ Internal Order ..	Functional Area ..	Net Amount ..	HST ..	Total Including Taxes ..
Registration Fees	4256	AH0091	1570200000	193.00	\$25.09	218.09
Travel <input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus						
Baggage Fees / Insurance						
Use of Personal Vehicle Kms X <input checked="" type="checkbox"/> \$0.52/km or <input type="checkbox"/> \$0.54/km						
Accommodation _____ days @ \$_____ /day						
Ground Transportation (to and from Airport) ON ie: taxis and car rental TORONTO						
Ground Transportation (to and from Airport) ie: taxis and car rental DESTINATION *Foreign Transactions- NO TAX*						
Ground Transportation (DESTINATION-LOCAL) ie: taxis, bus, subway & car rental *Foreign Transactions- NO TAX*						
Per Diem (See Bus. Expense Policy) _____ days @ \$_____ / day						
Other (Please specify)						
Training	4310					
TOTAL EXPENSES						\$218.09

Less: Advances & Prepayments: *Mandatory if applicable	GL Account ..	Cost Centre/ WBS Element/ Internal Order ..	Functional Area ..	SAP Document Number	Net Amount ..	HST ..	Total Including Taxes ..
Registration Fees	4256	AH0091	1570200000	1900182	-\$193.00	-\$25.09	218.09
Air Travel					-	-	-
Accommodation					-	-	-
Grds Transportation (To & Fr. Airport) ON					-	-	-
Grds Transportation (To & Fr. Airport) Destination					-	-	-
Grds Transportation (local-des, taxi, bus, train, etc.)					-	-	-
Other (Please specify)					-	-	-
TOTAL ADVANCES & PREPAYMENT AMOUNT**							-\$218.09
TOTAL PAYABLE TO INDIVIDUAL / CITY							\$0.00

Employee Name: Ewan Wardle
Title: Program Development Officer
Date: Nov. 21, 2018
Telephone: 416-392-7742
Signature:

Authorized by: Cheryl Blackman
Title: Director, Museums & Heritage Services
Date: _____
Telephone: 416-392-9135
Signature:

****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.
ASF.0030.02

list. Or provide alternate contact for follow up: _____

	Name	Registration Type	Price for registrations as listed	Price to register all delegates for full conference
1	Cheryl Blackman – OMA Council	FULL COMP with Partnership		
2	Wayne Reeves – Program Committee post Larry's departure	FULL COMP with Partnership		
3	Jane French – Local Arrangements Committee	ALREADY REGISTERED and PAID as per Terms of Reference		
4	Alexandra Kim – Study tour presenter	FULL COMP with Partnership		
5	Ulana Balak – Study tour presenter	FULL COMP with Partnership		
6	Tara Bowyer – Study tour presenter	ONE DAY COMP with Partnership * Friday		
7	Sandra Loughheed – Study tour presenter	ONE DAY COMP with Partnership * Friday		
8	Ken Purvis – Study tour presenter	ONE DAY COMP with Partnership * Thursday		
9	Amy Morton - by Cheryl Blackman's request - FULL conference	FULL registration	385	385
10	Neil Brochu – Study tour presenter	ONE DAY registration - Thursday	193	385
11	Gordon Lok – Capital Assets - City List	ONE DAY registration - Friday	193	385
12	Ewan Wardle - Fort York - City List	ONE DAY registration - Friday	193	385
13	Kevin Hebib Fort York - City List	ONE DAY registration - Friday	193	385
14	Kristine Williamson - Fort York - City List	ONE DAY registration - Thursday	193	385
		Total:	\$1350 + HST (\$175.50) = \$1 525.50	\$2 310 + HST (\$300.30) = \$2 610.30

Please let me know if you have any questions.

Thanks,
Michela

Michela Compary
Conference & Communications Coordinator
Ontario Museum Association
50 Baldwin Street, Toronto, ON M5T 1L4
partners@museumsonario.ca
Tel: 416 348-8672 or 1-866-OMA-8672
Fax: 416 348-0438
www.museumsonario.ca

Collaborating for Impact:
Not Business as Usual



OMA Annual Conference
Toronto, October 24-26, 2018
[Click here to register!](#)



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:	Ewan Wardle		
Division:	EDC, MHS, Fort York NHS		
Work Address:	250 Fort York Blvd., Toronto ON M5V 3K9		
Name of Conference/Seminar/Training:	OMA Annual Conference 2018		
Within GTA <input checked="" type="checkbox"/>	Outside GTA & within Ontario <input type="checkbox"/>	Outside Ontario/Canada <input type="checkbox"/>	
Destination:	The Westin Prince, 900 York Mills Rd., North York, ON M3B 3H2		
Start Date:	26-Oct-18	End Date:	26-Oct-18
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)	Lunch is provided		
Purpose: Use space provided below for full description	To attend a number of sessions, including: The Making of Voices of Chief's Point, Event Collaboration through Regional Museum Networks, Collaborating for a Multi-Visit Field Trip Program, Organizational Transformation—Putting the 'Service' in Heritage Services, In a Good Way... Prioritizing Indigenous Education and Learning.		
ESTIMATED COSTS: (The estimated costs should include HST and all other applicable taxes)			
Use Exchange Rate(s):	United Kingdom currency = \$ _____ CAD	Foreign Currency*	Canadian\$ (incl. tax)
	Swiss Franc currency = \$ _____		
	United States currency = \$ _____		
Registration Fees: (Conference/Seminar/Training)			\$218
Accommodation: (Standard Single Room)			
Number of Days: _____ X \$ _____ /day incl. taxes			
Travel Method:	Air <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/>		
Personal Vehicle: km X \$0. _____ CAD/km			
Ground Transportation: (including car rental, id/ from airports) Specify Estimates:			
K. Williamson Ride Share Other			\$30.00
Sundry Expenses: (See Business Expense Policy; Meals provided are deducted)			
Number of Days: _____ X \$.00 CAD or USD			
Sub-Total Estimated Costs:			\$248.00
Other Business Meeting expenses outside of Conference costs, please specify:			
TOTAL ESTIMATED COST:			\$248.00
Cost Centre/WHS Element to be charged:	AH0091		
Functional Area to be charged:	1570200000		

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

Signature of Employee: _____

(signature)

Sept. 12, 2018

(date)

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

Approval for Proposed Expense

Division Head or Mike Williams

(print name)

Sept 26/18

(date)

Deputy City Manager: _____

(print name)

(signature)

(date)

City Manager/Mayor: _____

(print name)

(signature)

(date)

Committee & Report No. (if applicable)

(date)

Updated: March 2016

RECEIVED

SEP 20 2018

Sept 14/18