



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.

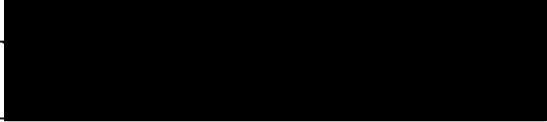

Attach original approved "Request for Authorization Form" and all original receipts.

Foreign Currency Exchange Rate** Exchange Rate applied to convert from local currency to CAD = _____ (if applicable)		Invoice Number** EXPFE5-FE1 7/18
Vendor Name** Marianne Szczuyrk		Vendor Number** 8001629 1002236
Division** Economic Development & Culture	Work Address** 77 Elizabeth St., 2nd Floor	Postal Code** M5G 1P4
Name and Location of Conference / Seminar / Training / Business Travel** Economic Developers Council of Ontario 2018 Annual Conference and Showcase		Invoice Date** (m/d/yyyy)
Start Date** (m/d/yyyy) Monday February 5, 2018	End Date** (m/d/yyyy) Wednesday February 7, 2018	Payment Amount** \$ (N/A)

Description	GL Account **	Cost Centre/ WBS Element/ Internal Order **	Functional Area **	Net Amount **	HST **	Total Including Taxes **
Registration Fees <i>PAID DOLA 12-5246</i>	4256	ED0133 Paid by Mike M. Pcard	1540300000	\$820.00	\$106.60	\$926.60
Travel <input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus						N/A
Baggage Fees / Insurance						N/A
Use of Personal Vehicle Kms X <input checked="" type="checkbox"/> \$0.52/km or <input type="checkbox"/> \$0.54/km						N/A
Accommodation days @ \$ _____ /day						N/A
Ground Transportation (to and from Airport) ON ie: taxis and car rental TORONTO						N/A
Ground Transportation (to and from Airport) ie: taxis and car rental DESTINATION						N/A
Foreign Transactions- NO TAX						
Ground Transportation (DESTINATION-LOCAL) ie: taxis, bus, subway & car rental						N/A
Foreign Transactions- NO TAX						
Per Diem (See Bus. Expense Policy) _____ days @ \$ _____ / day						N/A
Other (Please specify)						N/A
Training	4310					N/A
TOTAL EXPENSES						\$926.60

Less: Advances & Prepayments: <i>PAID DOLA 12-5246</i>							
*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	ED0133	1540300000	12-5246	(\$820.00)	(\$106.60)	(\$926.60)
Air Travel							N/A
Accommodation							N/A
Grds Transportation (To & Fr. Airport) ON.							N/A
Grds Transportation (To & Fr. Airport) Destination							N/A
Grds Transportation (local-des. taxi, bus, train, etc.)							N/A
Other (Please specify)							N/A
TOTAL ADVANCES & PREPAYMENT AMOUNT**							\$926.60
TOTAL PAYABLE TO INDIVIDUAL / CITY							\$0.00

Employee Name: Marianne Szczuyrk
 Title: Economic Partnership Advisor
 Date: Tuesday February 27, 2018
 Telephone: 
 Signature: 

Authorized by: George Spezza
 Title: Director, Business Growth Services
 Date: Tuesday February 27, 2018
 Telephone: 
 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

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.

RECEIVED

JAN 24 2018

Conference Seminar Training Business Travel

Name:	Marianne Szczuryk		
Division:	Economic Development and Culture		
Work Address:	77 Elizabeth Street, Toronto Ontario		
Name of Conference/Seminar/Training:	Economic Developers Council of Ontario 2018 Annual Conference and		
	Within GTA <input checked="" type="checkbox"/>	Outside GTA & within Ontario <input type="checkbox"/>	Outside Ontario/Canada <input type="checkbox"/>
Destination:	Sheraton Centre - Toronto		
Start Date:	Monday February 5, 2018	End Date:	Wednesday February 7, 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)			
Breakfast and Lunch Provided on Feb 6th and Feb 7th.			

Purpose: Use space provided below for full description

As a City of Toronto Economic Partnership Advisor and member of the Economic Developers Council of Ontario (EDCO) this conference will provide the opportunity for me to gain a better understanding of the issues facing economic developers and other municipalities. Learning new and innovative strategies in addressing industry challenges will be of great benefit. This year's Conference theme, Mission Possible: Agents of Change fits with goals and objectives I am eager to pursue in my field of work within the City of Toronto.

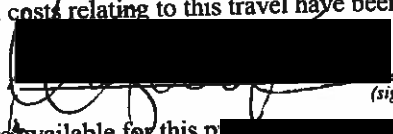
ESTIMATED COSTS: (The estimated costs should include HST and all other applicable taxes)

Use Exchange rate(s):		Foreign Currency
1 unit local currency =	\$ _____ CAD	
1 unit local currency =	\$ _____	
1 unit local currency =	\$ _____	
Registration Fees: (Conference/Seminar/Training)		
Member Rate for Full Conference		\$926.60
Accommodation: (Standard Single Room)		
Number of Days: X \$ _____ /day incl. taxes		N/A
Travel Method:		
Air <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/>		N/A
Personal Vehicle: km X \$0. _____ CAD/km		
Ground transportation: (including car rental, to/from airports) Specify estimates:		N/A
Sundry Expenses: (See Business Expense Policy; Meals provided are deducted)		
Number of Days: _____ X \$ _____ CAD or USD		N/A
Sub-Total Estimated Costs:		
- Other Business Meeting expenses outside of Conference costs, please specify:		N/A
TOTAL ESTIMATED COST:		\$926.60

Cost Centre/ WBS Element to be charged:	ED0133
Functional Area to be charged:	1540300000

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

Signature of Employee:



(signature)

January 18 2017
(date)

I have confirmed that approved funds are available for this purpose

Approval for Proposed Expense

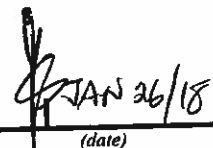
Division Head or



(print name)



(signature)

 JAN 26/18

(date)

Deputy City Manager:

(print name)

(signature)

(date)

City Manager/Mayor:

(print name)

(signature)

(date)

Committee & Report No. (if applicable)

(date)

Edco Economic Developers Council of Ontario (<http://edcoconference.com/>)

61st Annual Conference & Showcase

February 5-7, 2018 | Sheraton Centre Toronto Hotel

Invoice/Receipt

Marianne Szczuryk
City of Toronto
City of Toronto
Economic Development & Culture
Toronto, ON M5G1P4
Canada

Confirmation Number: 18336426

Date: February 1, 2018

Registrant	Description	Total
Marianne Szczuryk	EDCO Member Registration - Full Conference	\$820.00 CAD
	Subtotal	\$820.00 CAD
	13% HST	\$106.60 CAD
	Total	\$926.60 CAD

Your credit card payment was approved.

MasterCard Cardholder: Mike Major
(**** * 6922) SALE Auth: 140050

\$926.60 CAD

X 
Cardholder's Signature: Mike Major

CAD Dollars Owing \$0.00 CAD

Please print and keep this invoice as confirmation of your online payment. Click here to view a [printable version](https://secure.e-RegisterNow.com/cgi-bin/mkpayment.cgi?MID=3183&xxxState=prt_invoice&confirmation=18336426) (https://secure.e-RegisterNow.com/cgi-bin/mkpayment.cgi?MID=3183&xxxState=prt_invoice&confirmation=18336426). To discuss your account please contact Marie-Claude Bureau, Next Wave Events Inc or send an email to: mc@nextwaveevents.com (<mailto:mc@nextwaveevents.com>).