



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** EXPIAP15-AP17/19 |
| Vendor Name** Gabrielle Major | | Vendor Number** 1018535 |
| Division** Economic Development and Culture | Work Address** 98 Atlantic Ave | Postal Code** M6K 1X9 |
| Name and Location of Conference / Seminar / Training / Business Travel** Canadian Museums Association National Conference 2019 Toronto | | Invoice Date** (m/d/yyyy) 04/24/2019 |
| Start Date** (m/d/yyyy) 4/15/2019 | | End Date** (m/d/yyyy) 4/17/2019 |
| | | Payment Amount** \$ 904.00 |

| Description | GL Account ** | Cost Centre/ WBS Element/ Internal Order ** | Functional Area ** | Net Amount ** | HST ** | Total Including Taxes ** |
|---|---------------|---|--------------------|---------------|----------|--------------------------|
| Registration Fees | 4256 | AH0059 | 157010000 | 800.00 | \$104.00 | 904.00 |
| 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 | | | | | | \$904.00 |

| 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 | | | | | | |
| Air Travel | | | | | | | |
| Accommodation | | | | | | | |
| Grds Transportation (To & Fr. Airport) ON. | | | | | | | |
| Grds Transportation (To & Fr. Airport) Destination | | | | | | | |
| Grds Transportation (local-tes. taxi, bus, train, etc.) | | | | | | | |
| Other (Please specify) | | | | | | | |
| TOTAL ADVANCES & PREPAYMENT AMOUNT** | | | | | | | \$0.00 |
| TOTAL PAYABLE TO INDIVIDUAL / CITY | | | | | | | \$904.00 |

Employee Name: Gabrielle Major
 Title: Registrar
 Date: 04/24/2019
 Telephone:
 Signature:

Authorized by: Cheryl Blackman
 Title: Director
 Date: _____
 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.

REPORT ON CONFERENCE

Employee Name: Gabrielle Major
Division: Economic Development and Culture
Date Submitted: April 23, 2019

Name of Conference: Canadian Museums Association National Conference 2019
Location: Toronto
Date(s) Attended: April 15 – 17, 2019

Describe the benefits from attending the Conference (including any benefits to you and to the City):

Personal Development: The CMA conference offered many sessions directly related to my specific field of work, Registration and Collections Management. The sessions covered topics such as fine art insurance, sustainable collecting, risk from untraditional exhibits, and the state of collections care in Canada. I learned something new in each session that can be directly applied to my day-to-day work and make me a better professional. The nature of the sessions and the resulting Q&As afterwards allowed me to hear a variety of questions and opinions from other professionals in my field, giving me perspective and insight into my own work.

Networking: I reconnected with former classmates from my Masters of Museum studies program, all of whom are working in Toronto area institutions that are important contacts for our organization. Having a relationship with counterparts at other museums makes partnerships and other inter-institutional activities more efficient, and the potential for knowledge-sharing about the intricacies of our field will be a great benefit.

City Benefits (including financial benefits): In my workshop about procedural standards I learned to incorporate the documentation of exhibit-based artifact research into my team's workflow. This critically important step will ensure we get the most out of the exciting curatorial projects our department takes on, and will preserve important contextual information that adds value to the artifacts in our holdings.

I also learned more about the concept of Linked Open Data, an emerging technology that may be the future of museum data online. Being aware of the issues surrounding LOD will help the City more efficiently implement it when the time comes.

Employee's signature

[Redacted Signature]

Date: Apr 24 2019

Approved by (please print): Mike Williams
Division Head or Designate

Signature:

[Redacted Signature]

Date:

May 15/19

Note: Please complete this form within 10 days after attending the conference.



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: | Gabrielle Major | | |
| Division: | Museums & Heritage Services | | |
| Work Address: | 98 Atlantic Ave, Toronto ON M6K 1X9 | | |
| Name of Conference/Seminar/Training: | Canadian Museums Association National Conference 2019 | | |
| | Within GTA <input checked="" type="checkbox"/> | Outside GTA & within Ontario <input type="checkbox"/> | Outside Ontario/Canada <input type="checkbox"/> |
| Destination: | 145 Richmond Street West Toronto, Ontario M5H 2L2 | | |
| Start Date: | Monday April 15 2019 | End Date: | Wednesday April 17 2019 |
| 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. Conference is in Toronto so other meals are not needed. | | | |
| Purpose: Use space provided below for full description | | | |
| This is a request to attend the 2019 Canadian Museums Association National Conference in Toronto. CMA 2019 offers discussions and workshops that directly pertain to my work scope, such as: collection management standards, sustainable collecting, and displaying collections in non-traditional spaces. The offered workshop on adopting current Spectrum collections management standards in Canadian museums will help MHS stay at the forefront, gaining the knowledge needed pivot to new best practices when they arise. The conference will offer an opportunity for Museums & Heritage services staff to engage with the broader museum community on a national scale and be seen as an actor in the industry. I will be able to interact with and learn from museum professionals from a wide variety of institutions across the country, and keep apprised of current happenings in the field. | | | |
| ESTIMATED COSTS: (The estimated costs should include HST and all other applicable taxes) | | | |
| *Use Exchange rate(s): | 1 unit local currency = | \$ _____ CAD | |
| | 1 unit local currency = | \$ _____ | Foreign Currency* |
| | 1 unit local currency = | \$ _____ | Canadian\$ (incl. tax) |
| Registration Fees: (Conference/Seminar/Training) | Includes \$150 workshop fee in addition to flat conference rate. | | \$800.00 |
| 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"/> Personal Vehicle: _____ km X \$0. _____ CAD/km | | N/A |
| 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: | | | \$800 |
| - Other Business Meeting expenses outside of Conference costs, please specify: | | | N/A |
| TOTAL ESTIMATED COST: | | | \$800.00 |

| | |
|---|------------|
| Cost Centre/ WBS Element to be charged: | AA0059 |
| 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]

(signature)

Feb 27 2019

(date)

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

Approval for Proposed Expense

| | | | |
|------------------|---------------|----------------------|------------|
| Division Head or | Mike Williams | [Redacted Signature] | Mar 4 2019 |
| | (print name) | (signature) | (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
MAR 04 2019



RECEIPT

SEND TO:
Gabrielle Major
City of Toronto

RECEIPT NO: 20601
DATE PAID: 7-Mar-2019

CMA 2019 National Conference

| DESCRIPTION | AMOUNT |
|--|-----------------|
| Gabrielle Major | |
| Basic Conference fee (member rate) - \$650.00 | \$650.00 |
| Basic Multi-Delegate Rate (plus tax) | |
| Please select the price below. - \$75.00 Collection Management in Canadian Museums (plus tax) | \$75.00 |
| Please select the price below. - \$75.00 Prioritizing Inclusion to Create Accessible Exhibits (plus tax) | \$75.00 |
| EventTax13 on \$800.00 | \$104.00 |
| Total | \$904.00 |
| Total Paid | \$904.00 |

| Transaction # | Date | Paid by | Amount |
|---------------|------------------|---------|----------|
| | 03/07/2019 10:39 | Cheque | \$904.00 |

Business No.: 10686 4374 RT0001
THANK YOU FOR YOUR PAYMENT

Canadian Museums Association
280 Metcalfe Street Suite 400
Ottawa, ON K2P 1R7
Phone: 613-567-0099



Royal Bank

RBC Rewards Visa Gold

GABRIELLE MAJOR *****
STATEMENT FROM FEB 08 TO MAR 07, 2019

PREVIOUS STATEMENT BALANCE

IMPORTANT INFORMATION

GABRIELLE MAJOR
***** - PRIMARY

Table with columns: TRANSACTION DATE, POSTING DATE, ACTIVITY DESCRIPTION, AMOUNT (\$). Includes transactions from FEB 07 to MAR 07, ending with a balance of \$904.00.

RBC REWARDS POINTS

Table showing RBC Rewards Points: Previous Points balance, Points earned this statement, New points balance.

CONTACT US

Table with contact information: Customer Service / Lost & Stolen, Collect Outside North America, RBC Rewards Travel Redemption, Merchandise Redemption, Web site.

PAYMENTS & INTEREST RATES

Table with payment and interest details: Minimum payment, Payment due date, Credit limit, Available credit, Annual interest rates, Purchases, Cash advances.

CALCULATING YOUR BALANCE

Table showing balance calculation: Previous Statement Balance, Payments & credits, Purchases & debits, Cash advances, Interest, Fees.

NEW BALANCE



RBC ROYAL BANK
CREDIT CARD PAYMENT CENTRE
P.O. BOX 4016, STATION "A"
TORONTO, ONTARIO M5W 2E6

Summary boxes: NEW BALANCE, MINIMUM PAYMENT, PAYMENT DUE DATE (MAR 28, 2019), AMOUNT PAID.

RBC0190000_1318138_039-192372

02334

GABRIELLE MAJOR

RBC Rewards Visa Gold

Quick, convenient and secure ways to pay your credit card bill:
- RBC Online Banking at www.rbcroyalbank.com/online
- RBC Mobile app - text "RBC" to 722722 to download

Other payment options include:
- RBC Royal Bank ATM
- Telephone Banking 1-800-769-2511
- Visit an RBC Royal Bank branch