



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** <i>EXPI MY02-MY02/19</i>
Vendor Name** Infrastructure Health and Safety Association <i>Lenzi, Stefan</i>			Vendor Number** <i>1018597</i>
Division** Economic Development and Culture	Work Address** 100 Queen St. West, <i>6th FL, West</i>	Postal Code** M5H 2N2	Invoice Date** (m/d/yyyy) 02/26/2019
Name of Conference / Seminar / Training / Business Travel** Working at Heights - Fundamentals of Fall Protection			Payment Amount** \$0.00
Start Date** (m/d/yyyy) 05/02/2019		End Date** (m/d/yyyy) 05/02/2019	

Description	GL Account**	Cost Centre/ WBS Element/ Internal Order**	Functional Area**	Net Amount**	HST**	Total Including Taxes**
Registration Fees						0.00
Travel <input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus						0.00
Use of Personal Vehicle _____ kms X \$0._____/km						0.00
Accommodation _____ days @ \$_____/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) _____ days @ \$_____/day						0.00
Other (Please specify)						0.00
Training	4310	SE0010	1560200000	130.00	16.90	146.90
TOTAL EXPENSES						\$146.90
Less: Advances & Prepayments: *Mandatory if applicable	SAP Document Number / Pcard transaction Number: <i>5195-53 1200014106</i>					
Registration Fees	<i>4310</i>	<i>SE0010</i>	<i>1560200000</i>	<i>-130.00</i>	<i>-16.90</i>	<i>-146.90</i>
Air Travel				-	-	-
Advances (Conf/Sem)	4250			-	-	-
Advances (Bus. Travel)	4204			-	-	-
Total Advances & Prepayment Amount**						- 146.90
TOTAL PAYABLE TO INDIVIDUAL/CITY						\$0.00

Employee Name: Stefan Lenzi
 Title: Production Supervisor
 Date: 05/13/2019

Authorized by: Alan Jazvac
 Title: Production Manager
 Date: 05/13/2019

Telephone: [Redacted] Telephone: [Redacted]
 Signature: [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.



Accounting Services Division
Accounts Payable Section

REPORT ON CONFERENCE

Employee Name: Stefan Lenzi
Division: Economic Development And Culture
Date Submitted: May 13, 2019

Name of Conference: Working at Heights, Fundamentals of Fall Protection
Location: 21 Voyager South
Date(s) Attended: May 2, 2019

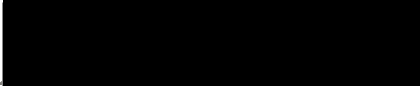
Describe the benefits from attending the Conference (including any benefits to you and to the City):

Personal Development:

Attended a required course per the Ministry of Labour regarding working at heights to certify that I am able to work at height and to supervise crew that are working at heights and ensure they are following proper procedure and guidelines as set out by the Ministry.

Networking:

City Benefits (including financial benefits):

Employee's signature:  **Date:** May 13, 2019

Approved by (please print) Mike Williams , General Manager, EDC

Signature:  **Date:** MAY 2 2 2019

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

RECEIVED
MAY 21 2019

Request for Authorization

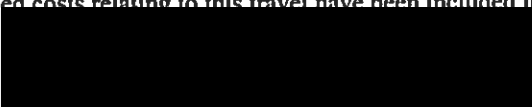
Attendance at Conferences/Seminars, Training and Business Travel

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:	Stefan Lenzi		
Division:	Economic Development and Culture		
Work Address:	City Hall - 100 Queen Street West, 6th Floor, West Tower Toronto ON M5H 2N2		
Name of Conference/Seminar/Training:	Working at Heights - Fundamentals of Fall Prevention		
	Within GTA <input checked="" type="checkbox"/>	Outside GTA & within Ontario <input type="checkbox"/>	Outside Ontario/Canada <input type="checkbox"/>
Destination:	1 day		
Start Date:	02-May-19	End Date:	02-May-19
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 meals provided			
Purpose: Use space provided below for full description			
To ensure fall prevention while working at heights for our events such as Canada Day, Nuit Blanche Toronto, Cavalcade of Lights and New Year's Eve.			
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 =	\$	
	1 unit local currency =	\$	
		Foreign Currency*	Canadian\$ (incl. tax)
• Registration Fees: (Conference/Seminar/Training)			\$146.90
• Accommodation: (Standard Single Room)			
Number of Days:	0	X	0 /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, to/from airports) Specify estimates:			
• Sundry Expenses: (See Business Expense Policy; Meals provided are deducted)			
Number of Days:	N/A	X	\$.00 CAD or USD
Sub-Total Estimated Costs:			
- Other Business Meeting expenses outside of Conference costs, please specify:			
N/A			
TOTAL ESTIMATED COST:			\$146.90
Cost Centre/ WBS Element to be charged:	SE0010		
Functional Area to be charged:	1560200000		


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

Signature of Employee: 

30-19
(date)

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

Approval for Proposed Expense

Division Head or	Mike Williams		Mar 21/19
	(print name)	(signature)	(date)
Deputy City Manager:			
	(print name)	(signature)	(date)
City Manager/Mayor:			
	(print name)	(signature)	(date)
Committee & Report No. (if applicable)			
			(date)

February 26, 2019

Stefan Lenzi
City of Toronto
55 John Street
21st Floor
Toronto ON, M5V 3C6

Phone: [REDACTED]

Fax:

CONFIRMATION OF REGISTRATION

Dear Stefan,

Course: Working at Heights - Fundamentals of Fall Prevention
Date: 02/May/2019 8:00 AM - 02/May/2019 5:00 PM (1.00 day(s))
Instructor: Rob Jackson
Location: Voyager Training Centre - IHSA, 206 - Classroom (WAH Room)
21 Voyager Court South
Toronto, ON M9W 5M7

We are pleased to confirm your registration for the Working at Heights - Fundamentals of Fall Prevention training. The training program will take place as noted above. If this confirmation is incorrect in any way, please notify the customer service representative noted below at least ten business days prior to the program start date. IHSA reserves the right to cancel any program due to insufficient enrolment or other causes. In the event of a program cancellation, IHSA will contact you for a transfer to another program or cancellation of registration.

IHSA encourages all training participants to verify that their course is being conducted, as scheduled, prior to traveling. Course cancellations, due to inclement weather or emergency circumstances will be posted by 5:30 am the morning of the event. Participants can find this information on the homepage of www.ihsa.ca via the button "Inclement Weather Notices" found at the top left corner of the page.

Participants must wear appropriate clothing, as well as bring their own CSA approved head, foot and eye protection to be worn during the hands-on exercises. The participant will not be permitted to participate in the course if they do not bring the noted personal protective equipment and tools. Participants must bring a valid piece of photo ID to the training program to confirm their registration (Driver's License, Permanent Resident Card, Passport, Student Card).

Program fees are due upon registration. Participants who are registered in a IHSA facility training program, but who do not attend or do not provide written notification of the cancellation at least ten business days prior to the program start date, are responsible for the full fee. Participant substitutions may be made until program commencement. Participants will receive a record of training upon completion of this program and upon receipt of full payment.

Thank you for choosing IHSA for your training needs.

Sincerely,

Angie Stocco
Customer Service Representative

Alan Jazvac

From: INFRASTRUCTURE HANDS ASSO <[REDACTED]>
Sent: February 26, 2019 12:30 PM
To: Angela Stocco
Subject: Transaction Receipt - Do Not Reply

INFRASTRUCTURE HANDS ASSO
5110 Creebank Rd
Suite 400
Mississauga ON
L4W 0A1
[REDACTED]

www.ihsa.ca

TRANSACTION RECORD

APPROVED

TYPE PURCHASE

ORDER ID REG-228191-Z2F4J4
CUSTOMER ID 98321

AMOUNT (CAD) \$1028.30

CARD NUM **** * [REDACTED]
ACCOUNT MC

DATE Feb 26 2019 12:24PM
REF NUM 661639570018830430 M

AUTH CODE 122436

APPROVED - THANK YOU 027

REFUND POLICY
http://www.ihsa.ca/terms_conditions/index.cfm

-----ITEM DETAILS-----

TOTAL CAD \$1028.30 / 7 Registrations