2019 ACCRUALS

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<b>III Ioronto</b>			Corporate Business Expense Claim Attendance at Conference/ Seminars/ Training, and					
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Division**		Work Address**			Postal Code**	Invoice I	Invoice Date** (=/4/yyyy)	
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Employee Name:		hris Selman ration Assistant		Authorized by:		CC W	45	
Date:	November 14, 2019		Dat	Date:		41 Blackman tor, mts		
Telephone:				Telephone:		21/201		
Signature:			Sie	nature:				
			Sig					

\*\*This form may not be altered in any manner. <u>All</u> 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. <u>Hand written forms will not be accepted</u> 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.0010.02

Updated: June 2015



Updated: March 2016

Accounting Services Division Corporate Accounts Payable

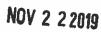
### JUN 2 7 2019

This form should be completed and the necessary approvals obtained at least 10 business days in advance of undertaking

# **Request for Authorization**

Attendance at Conferences/Seminars, Training and Business Travel

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. **Business Travel** Conference Seminar Training Name: Chris Selman Economic Development & Culture Division: Work Address: 98 Atlantic Avenue, Toronto, Ontario **Ontario Museums Association Annual Conference** Name of Conference/Seminar/Training: Outside Ontario/Canada Within GTA Outside GTA & within Ontario 19 Holiday Drive, Brantford, ON N3R 7J4 Destination: 25-Oct-19 End Date: Start Date: 22-Oct-19 (Friday (TUPSday 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) A full conference registration includes: 1 dinner (THU), 2 lunches (THU/FRI), and 1 breakfast (FRI). No meals provided on WED or TUE travel day. Purpose: Use space provided below for full description This is a request to attend the Ontario Museum 2019 Conference. This includes many discussions and workshops that directly pertain to my workscope. The conference also offers a chance to interact and engage with a diverse group of museum professionals from a host of different organizations in order to discuss, problem solve, and better understand the issues and events currently affecting the museum field in Ontario. Additionally, my colleague, Gabrielle Major, and I have been selected to present at this conference. This presents a great opportunity to highlight the important work that City staff City undertake on a regular basis. It also provides an excellent venue to showcase our professional practices within the field. ESTIMATED COSTS: (The estimated costs should include HST and all other applicable taxes) Use Exchange rate(s): 1 unit local currency = Canadian\$ (incl.tax) i unit local currency = Foreign Currency\* 1 unit local currency = Registration Fees: (Conference/Seminar/Training) Accommodation: (Standard Single Room) Number of Days: 3 \$127 /day incl. taxes \$441.96 Travel Method: Personal Vehicle: 106 km \$0.52 CAD/km \$55.12 Ground transportation: (including car rental, to/from airports) Specify estimates: N/A Sundry Expenses: (See Business Expense Policy; Meals provided are deducted) \$65.00 1 x \$25.00 1 x \$40.00 \$162.50 Number of Days: 1.5 \$1,060 **Sub-Total Estimated Costs:** \$1,110,45 Other Business Meeting expenses outside of Conference costs, please specify: TOTAL ESTIMATED COST: \$1<del>:060-</del> June 25,201 AH0059 Cost Centre/ WBS Element to be charged: 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: I have confirmed that approved funds are available for this purpose: **Approval for Proposed Expense** Division Head or Mike Williams Deputy City Manager: Giuliana Carbone (signature) City Manager/Mayor: (signature) (date) Committee & Report No. (if applicable)





## REPORT ON CONFERENCE

	Chris Selman					
Employee Name:						
Division:	EDC Museums & Heritage Services					
Date Submitted:	November 13, 2019					
Name of Conferen	ce: Ontario Museum Association Annu	al Conference				
Location:	Bantford, Ontario					
Date(s) Attended:	October 24-25, 2019					
resonal Developme The presentations are be useful in my day-learn about new collections, and displacemence also offer the conference also offer the conference province.  City Benefits (incluing Learning new processor streamline our existing at the conference also	ent: Indicate workshops offered at this conference covered to-day responsibilities as Registration Assistant. Sections management processes and standards, or aying artifacts in non-traditional exhibition space and me a change to expand my skillset.  Ided an excellent opportunity for engage with he ding financial benefits): Ided as standards which can be shared with my and departmental workflow and develop new works of provided exposure for the City's Heritage Server within the wider context of the national museum.	a range of topics that will Specifically, I was able to creating sustainable as. Being a speaker at this critage professionals from a colleagues should help a methods. Being a speaker vices department and the				
Employee's sign	nature:	Date: NOV 13, 2019				
Approved by (p	ease print): Mike Williams  Division Head or Designate					
Si	gnature:	Date: Nov 22/19				

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

You have been invited to the following event.

# Speakers Register for OMA Conference

When Fri Jun 28, 2019

Calendar

Who (Guest list has been hidden at organizer's request)

Dear Speakers at the OMA Conference 2019,

Please ensure at least one speaker in your session is registered by July 1.

Speaker rate: \$399 + HST - only available over the phone. Call us toll-free: 1 866 662 8672

+ 51.87 (HST)



### **PAYMENT RECEIPT**

Date: Jul 29, 2019

Re: Chris Selman



Receipt #: OMA-E-2019-07-000956

#### **Ontario Museum Association**

Description	Name	Price	
OMA Annual Conference 2019:	Chris Selman	\$399.00 + 13% HST	
Net[works] Benefit - Committees			
and Speakers Rate: Full			
Conference	_		
	Amount	\$399.00	
	13% HST	\$51.87	
	Total	\$450.87	

Method of Payment: Mastercard

XXXX-XXXX-XXXX-

Thank you for your payment!

HST No. R107798522 Charitable No. 10779 8522 RR





BMO CashBack Mastercard

Card Number Customer Name

CHRISTOPHER SELMAN

Statement Date

Dec. 18, 2019

