

PART 2: OOP TRAVEL EXPENSE CLAIM (must be accompanied by completed Part 1)

2 A. Details of Expenses Incurred and Claimed (to be completed upon return)

| DATE | REGISTRATION | AIRFARE | TRANSPORT | LODGING | MEALS | INCIDENTALS | DETAILS (include vendor name) |
|------|--------------|---------|-----------|---------|-------|-------------|-------------------------------|
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2 B. Details of Private Vehicle Usage (if applicable)

| DATE | FROM | TO | KMS | ¢/KM | \$ |
|---|------|----|-----|--------------|----|
| | | | | | |
| | | | | | |
| | | | | | |
| (Transfer total \$ Costs to "Transport" under Part 2(a) of expenses incurred and claimed: | | | | TOTAL | \$ |

2 C. SUMMARY OF COSTS AND AMOUNT TO BE REIMBURSED (to be completed upon return)

| | | ACCOUNT CODE (Service/Site/Primary/Secondary/Program) |
|--|----|--|
| 1. REGISTRATION | \$ | |
| 2. AIRFARE | | |
| 3. TRANSPORT | | |
| 4. LODGING | | |
| 5. MEALS | | |
| 6. INCIDENTALS | | |
| 7. TOTAL | | |
| 8. ADVANCE RECEIVED | | |
| 9. EXPENSES PAID BY HPEI | | |
| 10. REIMBURSEMENT FROM 3 RD PARTY | | |
| AMOUNT PAYABLE = 7-8-9-10 | | |
| to EMPLOYEE | | to HEALTH PEI |
| \$ | | \$ |

I certify that the above account of travel expenses is correct in all respects and that all expenses reported were necessarily incurred on official Health PEI business.

Date

Employee's Signature

Date

Approved by