
NOTE: Seminars, workshops and courses are covered under 10.10 and 10.20.

A convention is defined as a function requiring two or more nights' accommodation away from the County Offices.

1. Department Heads and staff may attend conventions as approved in their budgets.
2. A detailed expense account, including receipts, (excluding meals), will be forwarded to the Treasurer, on the proper claim form. The form must be signed by the Department Head and, if applicable, by the staff member.
3. Allowable expenses include:
 - a) A personal meal allowance of seventy-five (\$75.00) per day. The meal allowance will be limited to the actual number of days that the convention has sessions listed and which are attended by the claimant.
 - b) Accommodation charges on the basis of the convention rate or the government hotel rate.
 - c) Registration fees, excluding fees for a companion.
 - d) Travel by air or automobile, at the lowest quoted cost. The sum of up to twenty dollars (\$20.00) will be allowed for travel to and from London if travel is by air or rail.
Standard mileage as set out on "Schedule A" will be used on claim forms. Generally speaking, the use of a vehicle is to be restricted to points within a radius of 322 km (200 miles) of St. Thomas or to points not readily accessible by rail or air transportation. Whenever possible, County staff are encouraged to travel together in order to reduce costs.
 - e) Receipts will be required for accommodation, registration, parking, and transportation.

SCHEDULE "A"

CONVENTION MILEAGE

ADMINISTRATION BUILDING & RETURN

KILOMETERS

BRANTFORD	225
BURLINGTON	280
CHATHAM	230
COLLINGWOOD	545
CORNWALL	1,235
GODERICH	260
GUELPH	310
HAMILTON	270
KINGSTON	920
KITCHENER-WATERLOO	250
LONDON	65
MIDLAND	650
NIAGARA FALLS	430
NORTH BAY	1,025
ORILLIA	630
OTTAWA	1,275
OWEN SOUND	480
PETERBOROUGH	645
PORT COLBORNE	400
ST. CATHERINES	385
SARNIA	245
SAULT ST. MARIE	1,730
STRATFORD	200
SUDBURY	1,140
THUNDER BAY	3,135
TORONTO	440
WINDSOR	385

County of Elgin
Human Resources Policy Manual

Section: **10**
Subject: **Conventions**

Code - **A**
Page 3 of 3

Policy Number: **10.60**
Date Approved: **Sept. 26/95**
Date Last Revision: **Jan. 1/05**

**COUNTY OF ELGIN
CONVENTION EXPENSES - CLAIM FORM**

NAME OF CONVENTION	_____				
LOCATION	_____				
DATES ATTENDED	_____				
ATTACH RECEIPTS					
MEAL ALLOWANCE	DAYS	_____	X	_____	= _____
REGISTRATION					= _____
TRANSPORTATION	KM'S	_____	X	_____	= _____
ACCOMMODATION					= _____
PARKING				=	_____
OTHER				=	_____
TOTAL		_____			_____

I CERTIFY THAT THE ABOVE EXPENSES HAVE BEEN INCURRED IN ATTENDING THE ABOVE NAMED CONVENTION.

DATE:

SIGNATURE

DEPARTMENT HEAD

Office Use Only

Vendor # _____

Account # _____