

#301 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE	
CLAIM	

NAME: JIM ABRAM

Address: _____

Purpose of Travel: CONSTIT

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.64 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	<u> </u>

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	<u>191.51</u>
TOTAL EXPENSES (A + B)	\$	<u>191.51</u>
LESS ADVANCE	\$	<u> </u>
ACCOUNT No. 013000649		
NET CLAIM	\$	<u>191.51</u>
Verified by:		<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

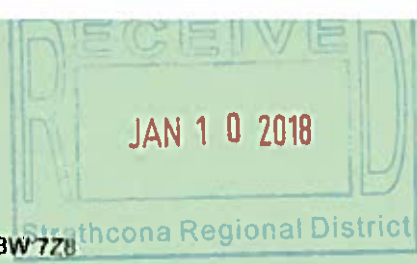
SIGNATURE OF PERSON MAKING CLAIM: [Signature]

DATE: JAN 08/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J ABRAM
 Address: _____
 Purpose of Travel: BOARD EXPENSE
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
JAN 4-6	QUINTRA	VLC (RETURN)	RD FERRY COUNTRY	552	

TOTAL DISTANCE TRAVELED	552 KM	KM
RATE PER KM (2015 CRA rate/BL167)	0.55 0.64 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 298.08	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 298.08	303.60

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 714.33
TOTAL EXPENSES (A + B)	\$ 1012.41
LESS ADVANCE	\$
ACCOUNT No. 013800649	\$
NET CLAIM	\$ 1012.41
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE JAN 08/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



RECEIVED
FEB 06 2018

DIRECTOR EXPENSE CLAIM FORM

#301 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE	
CLAIM	

NAME:	J. ABRAM
Address:	
Purpose of Travel:	
Dates of Travel:	

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
01/19	QUINTRA	G. LAIG	MIN. OF TRNS.	14	

TOTAL DISTANCE TRAVELED	14 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.55 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 7.70	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 7.70	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 136.64
TOTAL EXPENSES (A + B)	\$ 144.34
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 144.34
Verified by:	W

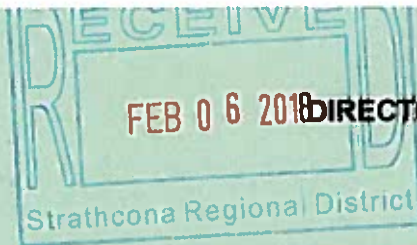
I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

JAN 28 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: J. AGRAM
Address: _____
Purpose of Travel: _____
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
01/10	QUINCY	CR	DASC - BRD	14	
01/25	QUINCY	CR	BOARD + GOV. COMM	14	
01/24	"	"	SENIOR STAFF MEETING	14	

TOTAL DISTANCE TRAVELED	42 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 23.10	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 23.10	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 123.64
TOTAL EXPENSES (A + B)	\$ 146.74
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ 146.74
Verified by:	<i>JA</i>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM *J. Agram*

DATE Jan 28 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

MAR - 2 2018

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE	
CLAIM	

NAME: J. ABRAM

Address: _____

Purpose of Travel: AS DIRECTOR

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
02/09	Alberni	CR	PLANNING + STAFF 15L	14	
02/22	"	FURSVALL	SATOTY COUNCIL	16	
TOTAL DISTANCE TRAVELED				30 KM	KM
RATE PER KM (2015 CRA rate/BL167)				0.55 \$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE				\$ 16.38	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 16.30	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 40.90
TOTAL EXPENSES (A + B)	\$ 57.40
LESS ADVANCE	\$ —
ACCOUNT No. 013000648	
NET CLAIM	\$ 57.40
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

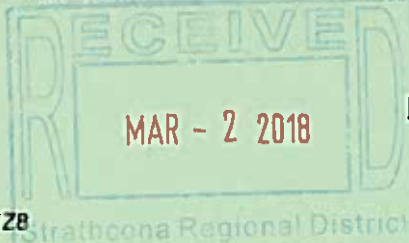
[Signature]
SIGNATURE OF PERSON MAKING CLAIM

FEB 24 / 18
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J. AGRAM
Address: _____
Purpose of Travel: CONSTIT.
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ _____	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>394.96</u>
TOTAL EXPENSES (A + B)	\$ <u>394.96</u>
LESS ADVANCE	\$ _____
ACCOUNT No. 013000649	
NET CLAIM	\$ <u>394.96</u>
Verified by:	<u>WJ</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

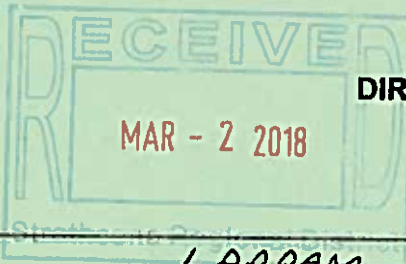
SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE FEB 24 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J. ABRAM
 Address: _____
 Purpose of Travel: BOARD EXP.
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
02/07	Quilera	CR	CMSL + BRD	14	
02/22	"	"	BRD + Gov.	14	
TOTAL DISTANCE TRAVELED				28 KM	KM
RATE PER KM (2015 CRA rate/BL167)				0.55 \$0.64 / KM	\$0.68 / KM
TOTAL DISTANCE EXPENSE				\$ 15.40	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 15.40	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 55.90
TOTAL EXPENSES (A + B)	\$ 71.30
LESS ADVANCE	\$
ACCOUNT No. 01300648	\$
NET CLAIM	\$ 71.30
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

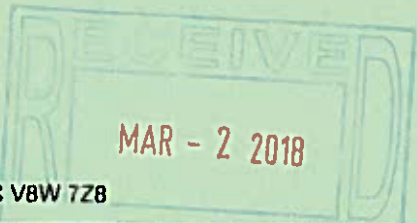
SIGNATURE OF PERSON MAKING CLAIM J. Abram

DATE FEB 29 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE	
CLAIM	

NAME: J. AGRAM

Address:

Purpose of Travel: BOARD APPT MNT.

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
02/18-20	QUATRA	VICTORIA	FERRY CHANGES GROUP	552	

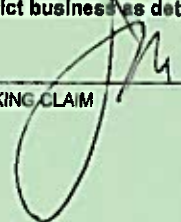
TOTAL DISTANCE TRAVELED	552 KM	KM
RATE PER KM (2015 CRA rate/BL167)	0.55 \$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 303.60	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 303.60	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 674.51
TOTAL EXPENSES (A + B)	\$ 978.11
LESS ADVANCE	\$
ACCOUNT No. 01300649	\$
NET CLAIM	\$ 978.11
Verified by:	W

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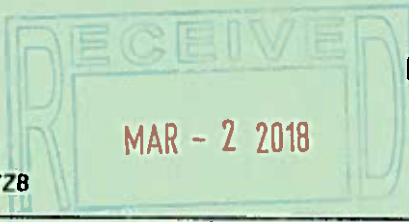
SIGNATURE OF PERSON MAKING CLAIM 

DATE FEB 24 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J. ASRAM
 Address: _____
 Purpose of Travel: UBCM EA FORUM
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
01/30-31	QUADA	VANC/RICH	EA FORUM (TO AIRPORT) (ROUND TRIP)	40	

TOTAL DISTANCE TRAVELED	40 KM	KM
RATE PER KM (2015 CRA rate/BL167)	0.55 \$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 21.60	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 21.60	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 753.95
TOTAL EXPENSES (A + B)	\$ 775.55
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 775.55
Verified by	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE FEB 24/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J. ABRAM
Address: _____
Purpose of Travel: AS DIRECTOR
Dates of Travel: _____

APR 04 2018

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
MAR 9	ALMA	HERBERT BAY	F.A.C.	26	

TOTAL DISTANCE TRAVELED	26 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.87 / KM
TOTAL DISTANCE EXPENSE	\$ 14.30	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 14.30	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ —
TOTAL EXPENSES (A + B)	\$ 14.30
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 14.30

Verified by: W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE MAR 25 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE	
CLAIM	

NAME: U. ABRAM
Address: _____
Purpose of Travel: CONSTIT
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	_____

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	<u>244.42</u>
TOTAL EXPENSES (A + B)	\$	<u>244.42</u>
LESS ADVANCE ACCOUNT No. 013000649	\$	_____
NET CLAIM	\$	<u>244.42</u>
Verified by:		<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

 SIGNATURE OF PERSON MAKING CLAIM

 DATE MAR 25 / 19

ACCOUNT NO. 012 - _____ - _____ CC1 _____



APR 04 2018

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Strathcona Regional District

ADVANCE	
CLAIM	

NAME: J. ABRAM

Address: _____

Purpose of Travel: _____

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
MAR 7	QUADRA	CR	CMSC + BOARD	14	
MAR 11-13	"	VIC	FERRY LUMPS	568	
MAR 19	"	CRABO	PNCIMA	40	
MAR 22	CR BOARD + GOV + STAFF	CR	BOARD + GOV + STAFF	—	

TOTAL DISTANCE TRAVELED	622 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.87 / KM
TOTAL DISTANCE EXPENSE	\$ 342. ¹⁰	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 342. ¹⁰	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 2324.92
TOTAL EXPENSES (A + B)	\$ 2667.02
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 2607.02 \$ 2667.02
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

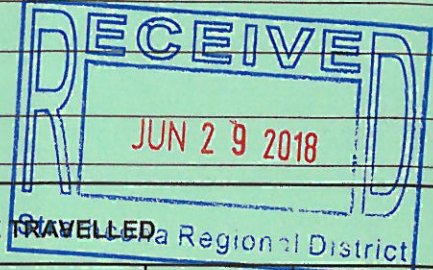
DATE MAR 25 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE	
CLAIM	

NAME: J. ABRAHAM
 Address: _____
 Purpose of Travel: _____
 Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED Regional District

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
TOTAL DISTANCE TRAVELED				KM	KM
RATE PER KM (2018 CRA rate/BL167)				\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE				\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 193.47 193.47
TOTAL EXPENSES (A + B)	\$ 193.47
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 193.47
Verified by:	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE JUN 29 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Strathcona Regional District
Address: _____
Purpose of Travel: _____
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
06/29	QUADRA	CR	STAFF MEETINGS	14	

TOTAL DISTANCE TRAVELED	14 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 7.70	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 7.70	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 146. ⁸⁵
TOTAL EXPENSES (A + B)	\$ 154.65
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ 154. ⁵⁵ 65
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

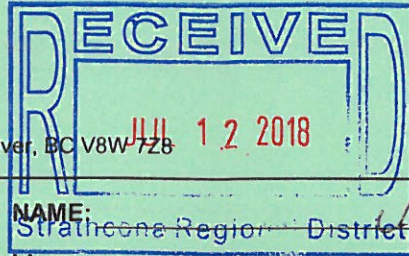
SIGNATURE OF PERSON MAKING CLAIM

JUL 11/18
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Strathcona Regional District ABRAM
Address: _____
Purpose of Travel: AS DIRECTOR
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
07/01	QUINRA	NEAR HISSY	CAN. DM	24	
07/02	"	" "	MED. MEET	24	
07/08	"	" "	" "	24	
07/09	"	" "	" " + IH.	24	
07/10	"	C. MUDGE	PHOXS CONSULT	16	
07/13	"	Q. COVE	MIN HW 13 & LUNCH	14	

TOTAL DISTANCE TRAVELED	126 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 69.30	\$ 126
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 69.30	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per dlem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 20.00
TOTAL EXPENSES (A + B)	\$ 89.30
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 89.30
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

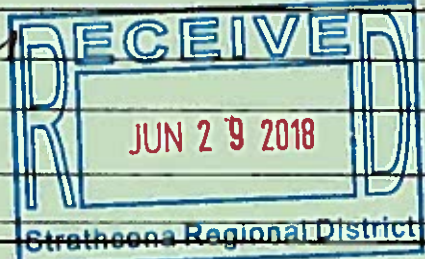
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE CLAIM

NAME: J. ABRAM
 Address: _____
 Purpose of Travel: FCM
 Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
MY 21 - 24 JY	QUINCY -	COMOX RAPT	FCM	138	

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 75.90	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 75.90	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 3679.02 3435.31
TOTAL EXPENSES (A + B)	\$ 3754.92
LESS ADVANCE LESS SPOUSE REGISTRATION ACCOUNT No. D13000649	\$ < 255.30 >
NET CLAIM	\$ 3754.92
Verified by:	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE JUN 28 / 18

ACCOUNT NO. 012 - 130 - 320 CC1 0015



FCM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
MAY 26	TRAVEL TO FCM	LESS BREAKFAST AND LUNCH PER DIEM (26 TH)	\$ 75.00 40 ⁰⁰
	(VERY EARLY FLT) COURTESY HOTEL		136.85
		PARKING @ COMOX AIRPORT	103.50
		FLIGHT - ROUND TRIP	948.38
		NO RECEIPT HALIFAX AIRPT TRIP 1 → ^{TO} HOTEL	68.74 0
		" " " FROM HOTEL	68.71
		PER DIEM (27 TH)	75.00
		(PRIVATE DAYS 28 TH /29 TH)	—
MAY 30	FCM	PRIVATE DAY PER DIEM	75.00 0
MAY 31	"	PER DIEM	75.00
JUN 01	"	LESS DINNER PER DIEM	75.00 50 ⁰⁰
JUN 02	"	PER DIEM	75.00
JUN 03	"	LESS DINNER PER DIEM	75.00 50 ⁰⁰
JUN 04	" TRAVEL	LESS OVERNIGHT (ARRIVED HOME 8:15 PM) PER DIEM	75.00 60.00
MAY 30 - JUN 04	"	(VARIABLE CONTRACT) HOTEL + TAXES	1740.17
		QUADRA FERRY	12.70
CARRY FORWARD TO THE FRONT TOTAL (B) \$			3679.02

3435.31

PAGE #1

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE CLAIM

NAME: J. ADAM

Address: _____

Purpose of Travel: _____

Dates of Travel: _____

RECEIVED

JUN 29 2018

Strathcona Regional District

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
05/01	QUADRA	CR	SONATE	14	
05/02	QUADRA	SIMCO	FIVE MEETING	40	24
05/7-8	"	CR	MPA/PNCMA	14	
05/09	"	"	CHSC & BRD	14	
05/10	"	COVE	MED. CLINIC	14	
05/16-17	QUADRA LORE/PNCMA	CR	LORE/PNCMA	14	
05/23	"	"	COV	14	
05/24	"	"	BRD/GOV	14	
05/24	"	COMM CUT	MED CLINIC	20	
TOTAL DISTANCE TRAVELED				158 KM	24 KM
RATE PER KM (2018 CRA rate/BL167)				\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE				\$ 86.90	\$ 16.08
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 102.98	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 570.96 TO 24 TH
TOTAL EXPENSES (A + B)	\$ 673.94
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 673.94
Verified by:	<u>WJ</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

[Handwritten Signature]

DATE

JUN 28 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE	
CLAIM	

NAME: J. ABRAM

Address: _____

Purpose of Travel: _____

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
06/06	QUADRA	CVC	BRD + GOV	14	
06/19	"	ADMN CNTR	PUB HEAR	14	
06/20	"	CR	BRD	14	
06/20	"	COMM CNTR	PUB HEAR (2)	20	
06/21	"	COLE	STUART AGM	14	
06/22	"	CR	DOG BYLAW +	14	
06/08	"	CR	STAFF MEET'S	14	

TOTAL DISTANCE TRAVELED	104 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 57.20	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 57.20	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 38.40	PAGE #2
TOTAL EXPENSES (A + B)	\$ 95.60	
LESS ADVANCE	\$	
ACCOUNT No. 013000849		
NET CLAIM	\$ 95.60	
Verified by:	<u>W.</u>	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

[Handwritten Signature]

DATE

June 28 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: J. ABRAM
Address: _____
Purpose of Travel: FCM
Dates of Travel: _____

RECEIVED

JUN 29 2018

Strathcona Regional District

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
MY 21 - 24 17	QUATRA -	COMOXARPAT	FCM	138	
TOTAL DISTANCE TRAVELED				KM	KM
RATE PER KM (2018 CRA rate/BL167)				\$0.55 / KM	\$0.87 / KM
TOTAL DISTANCE EXPENSE				\$ 75.90	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 75.90	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 3679.02 3435.3
TOTAL EXPENSES (A + B)	\$ 3511.21 3754.92
LESS ADVANCE LESS SPOUSE REGISTRATION ACCOUNT No. 013000649	\$ < 255.30 > 3255.91
NET CLAIM	\$ 3754.92
Verified by:	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE JUN 28 / 18

25.00 ONLY

ACCOUNT NO. 012 - 130 - 320 CC1 0015



FCM

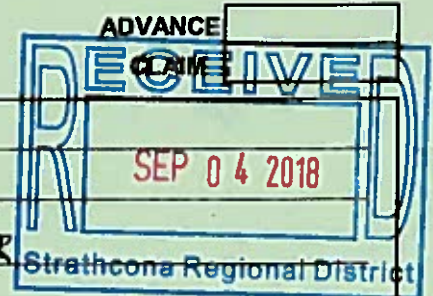
#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
MAY 26	TRAVEL TO FCM	LESS BREAKFAST AND LUNCH PER DIEM (26 TH)	\$ 75.00 40 ⁰⁰
	(VERY EARLY FLT) COURTESY HOTEL		136.85
		PARKING @ COMOX AIRPORT	103.50
		FLIGHT - ROUND TRIP	948.38
		NO RECEIPT H.M.I.F.A. AIRPT TAX 1 → TO HOTEL	68.71 0
		" " " FROM FACTORY	68.71
		PER DIEM (27 TH)	75.00
		(PRIVATE DAYS 28 TH /29 TH)	—
MAY 30	FCM	PRIVATE DAY PER DIEM	75.00 0
MAY 31	"	PER DIEM	75.00
JUN 01	"	LESS DINNER PER DIEM	75.00 50 ⁰⁰
JUN 02	"	PER DIEM	75.00
JUN 03	"	LESS DINNER PER DIEM	75.00 50 ⁰⁰
JUN 04	" TRAVEL	LESS OVERNIGHT (ARRIVED HOME 8:15 PM) PER DIEM	75.00 60.00
MAY 30 - JUN 04	"	(VARIABLE RATE) HOTEL + TAXES	1740.17
		QUADRA FERRY	12.70
			↓
JUNE 1	PER CFO, DINNER PER DIEM CLAIM OK		25.00
CARRY FORWARD TO THE FRONT			TOTAL (B) \$ 3679.02

3435.31

25.00 ONLY

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



NAME: J. ABRAM
 Address: _____
 Purpose of Travel: AS DIRECTOR
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
07/12	STAFF QUADRA	CR	STAFF	14	
07/26	QUADRA "	H BAY	FERRY ADVISORY	26	
07/26	"	"	(2ND MEETING) MOD. COMM	26	
08/08	"	"	" "	26	
08/29	"	"	MEETING/ACT.	26	
08/30	"	"	TELUS	26	

TOTAL DISTANCE TRAVELED	144 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 79.20	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 79.20	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 13.10
TOTAL EXPENSES (A + B)	\$ 92.30
LESS ADVANCE	\$ _____
ACCOUNT No. 01300649	
NET CLAIM	\$ 92.30
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]
SIGNATURE OF PERSON MAKING CLAIM

SEPT. 03/18
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River BC V9R 4Z9

ADVANCE CLAIM

NAME: J. ABRAM
 Address: _____
 Purpose of Travel: CONSTIT EXP
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
08/04					

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	_____

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	326.80
TOTAL EXPENSES (A + B)	\$	326.80
LESS ADVANCE	\$	_____
ACCOUNT No. 013000649		
NET CLAIM	\$	326.80

Verified by:

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE SEP 4 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE	
CLAIM	

NAME: J. ABRAM

Address: _____

Purpose of Travel: CONSTIT. EXP.

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved



TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ _____	\$ _____
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ _____	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 411.75
TOTAL EXPENSES (A + B)	\$ 411.75
LESS ADVANCE	\$ _____
ACCOUNT No. 013000648	
NET CLAIM	\$ 411.75

Verified by: W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE SEP 05 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: L. ABRAM
 Address: _____
 Purpose of Travel: _____
 Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
07/08	QUADRA	Q. LONG	BRD	14	
07/19	"	"	CARTRIDGE PICK-UP IN LONG	14	
08/15	"	"	BRD + BRD	14	
09/05	"	"	CARTRIDGE PICK-UP - LONG	14	
TOTAL DISTANCE TRAVELED				56 KM	KM
RATE PER KM (2018 CRA rate/BL167)				\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE				\$ 30.80	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 30.80	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

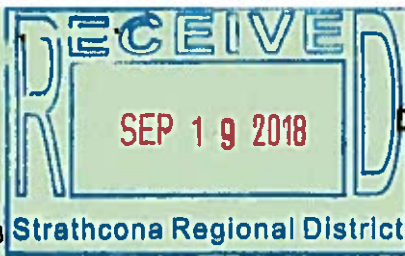
CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 29.20
TOTAL EXPENSES (A + B)	\$ 60.00
LESS ADVANCE	\$
ACCOUNT No. 013000849	
NET CLAIM	\$ 60.00
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM: [Signature]

DATE: SEP 05/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE CLAIM

NAME: J. ABRAM
 Address: _____
 Purpose of Travel: AS DIRECTOR / UBCM
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
09/09-15	GORDRA WILSTER RETURN		UBCM	560	

TOTAL DISTANCE TRAVELED	560 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 308.00	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 308.00	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 3069.25
TOTAL EXPENSES (A + B)	\$ 3377.25
LESS ADVANCE ACCOUNT No. 013000649	\$ 94.50
NET CLAIM	\$ 3282.75
	\$ 3377.25

Verified by: W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM: [Signature]

DATE: 09/16/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: J. ABRAM
Address: _____
Purpose of Travel: AS DIRECTOR
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
09/17	QUINTRA	H. BAY	B.C.F.S	26	
09/21	"	SUBGO-ROAD	AGM	40	26
09/29	"	G. BAY	PARK & ROAD	40	24
10/09	"	H. BAY	B.C.F.S	26	

TOTAL DISTANCE TRAVELED	¹³² 134 KM	60 KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	72.60	40.20
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 112.80	113.90

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ —
TOTAL EXPENSES (A + B)	\$ 112.80 + 113.90
LESS ADVANCE	\$ —
ACCOUNT No. 01300849	
NET CLAIM	\$ 112.80 + 113.90
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE 10/24/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM



NAME: CLABRAM
Address: Strathcona Regional District
Purpose of Travel: CONSTIT.
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.87 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 807.09
TOTAL EXPENSES (A + B)	\$ 807.09
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 807.09
Verified by:	<u>WJ</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE 10/24/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

OCT 25 2018

Strathcona Regional District

DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J. ABRAM

Address: _____

Purpose of Travel: BOARD

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
09/19	QUINCY	CR	ENSE + BOARD	14	
10/10	"	"	" "	14	

TOTAL DISTANCE TRAVELED	28 KM	KM
RATE PER KM (2019 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 15.40	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 15.40	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

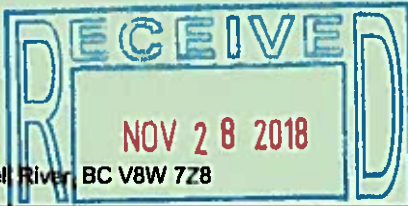
CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 26.20
TOTAL EXPENSES (A + B)	\$ 41.60
LESS ADVANCE	\$ _____
ACCOUNT No. 01300849	
NET CLAIM	\$ 41.60
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE 10/24/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: Strathcona Regional District JIM ABRAM
Address: _____
Purpose of Travel: CONSTIT.
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	—

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	147.41
TOTAL EXPENSES (A + B)	\$	147.41
LESS ADVANCE ACCOUNT No. D13000849	\$	—
NET CLAIM	\$	147.41
Verified by:	W	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

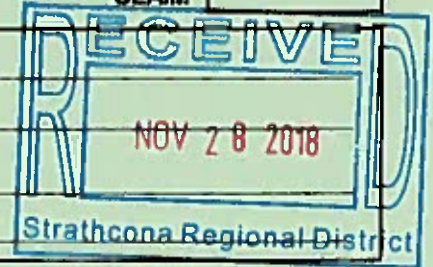
DATE 12/21/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE CLAIM

NAME: JIM ABRAHAM
 Address: _____
 Purpose of Travel: BOARD
 Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
DEC/10/11	QUADRA	CR MR PPT	MPA	40	

TOTAL DISTANCE TRAVELED	40 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 22.00	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 22.00	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 699.93
TOTAL EXPENSES (A + B)	\$ 721.93
LESS ADVANCE	\$ _____
ACCOUNT No. 013000648	
NET CLAIM	\$ 721.93
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

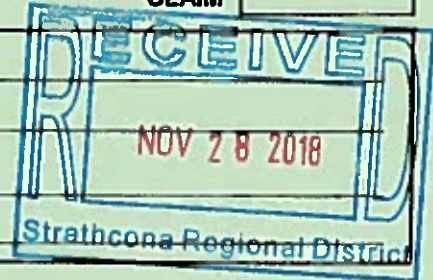
DATE 12/01/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE CLAIM

NAME: JIM ABRAHAM
 Address: _____
 Purpose of Travel: BOARD
 Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
10/23	CR	CR	BRD + LIT	14	
11/06	"	HALL	PUB HEARING	20	
11/07	CR	CR	ENCL + BRD	14	
11/22	CR	MS BAY	BRD + PUB HEAR	66	
11/15	CR	CR	CRBC SPECIAL	14	

TOTAL DISTANCE TRAVELED	128 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.87 / KM
TOTAL DISTANCE EXPENSE	\$70.40	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 70.40	

PURSUANT TO SRD REMUNERATION BYLAW #167

- 1. Commercial Accommodation Actual Cost @ Gov't rates
- 2. Non-Commercial Accommodation \$35/night
- 3. Overnight travel per diem (24 hour period) (less meals provided) \$75/24 hrs
- 3. Meal Charges (not overnight) Breakfast - \$15
Lunch - \$20
Dinner - \$25
- 4. Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 52.40
TOTAL EXPENSES (A + B)	\$ 122.80
LESS ADVANCE	\$ —
ACCOUNT No. 01300649	
NET CLAIM	\$ 122.80

Verified by: W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

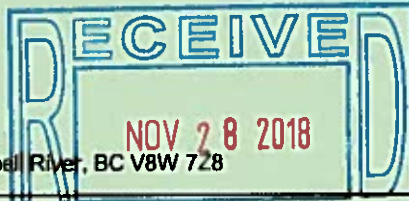
SIGNATURE OF PERSON MAKING CLAIM

DATE

12/01/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Strathcona Regional District / I. H. ABRAM
Address: _____
Purpose of Travel: AS DIRECTOR
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
10/30	QUADRA	H. BAY	BCFS	26	
11/06	"	Q. COLE	ROAD SHOW	14	
11/09	"	HALL	FORESTRY	20	
11/21	"	H. BAY	COMP. DRY	26	
11/16	"	ROAD ISL	SURGE AGM	40	36
11/20	"	Q. WIFE Q. BAY	HOUSING	26	14
11/30	"	H. BAY	"	26	
12/05	"	H. BAY	PERSONAL	26	
TOTAL DISTANCE TRAVELED				196 KM	36 KM
RATE PER KM (2018 CRA rate/BL167)				\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE				\$ 105.60	\$ 24.12
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 129.72	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 40.00
TOTAL EXPENSES (A + B)	\$ 169.72
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 169.72
Verified by:	<u>WJ</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

12/5/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

ADVANCE
CLAIM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

NAME: J. ABRAM
 Address: _____
 Purpose of Travel: CONSTIT (+DIR)
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
<u>NOV 30</u>	<u>QUINCY</u>	<u>LOWE</u>	<u>HOUSEHOLD MORT.</u>	<u>14</u>	

TOTAL DISTANCE TRAVELED	<u>14</u> KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ <u>7.70</u>	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ <u>7.70</u>	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>261.87</u>
TOTAL EXPENSES (A + B)	\$ <u>269.57</u>
LESS ADVANCE	\$ <u> </u>
ACCOUNT No. 013000649	
NET CLAIM	\$ <u>269.57</u>

Verified by: meu

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

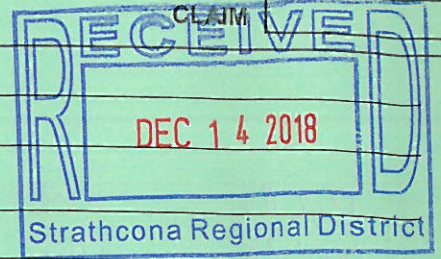
DATE DEC 11 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____

ADVANCE

CLAIM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



NAME: J. ABRAM
 Address: _____
 Purpose of Travel: BOARD
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
DEC 6	QUINCY	CIR	BOARD	14	
NOV 28	"	"	INBC + BRD	14	
DEC 10/11	QUINCY	CR. AIRPORT	PARKING	8.40	

TOTAL DISTANCE TRAVELED	68.40 KM	
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 15.40	
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	37.40	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

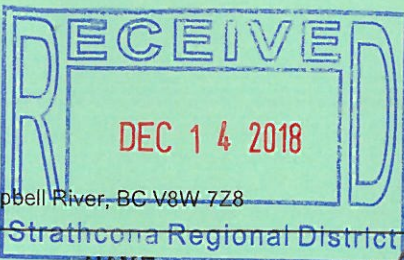
CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 26.20	47.30
TOTAL EXPENSES (A + B)	\$ 41.60	84.70
LESS ADVANCE	\$	
ACCOUNT No. 013000649		
NET CLAIM	\$ 41.60	84.70
Verified by:	<i>[Signature]</i>	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM *[Signature]*

DATE DEC 11 / 18

ACCOUNT NO. 012 - _____ - _____ CC1 _____



DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

Strathcona Regional District
 NAME: J. ABRAM
 Address: _____
 Purpose of Travel: AS DIRECTOR
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
DEC 04	QUITRA	H. BRY	T-W	26	
DEC 13	"	"	T-W	26	

TOTAL DISTANCE TRAVELED	52 KM	KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 28.60	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 28.60	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ —
TOTAL EXPENSES (A + B)	\$ 28.60
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 28.60
Verified by:	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE DEC 11/18

ACCOUNT NO. 012 - _____ - _____ CC1 _____