

**STAFF TRAVEL FORM**

301 - 990 Cedar Street Campbell River B.C. V9W 7Z8

ADVANCE

CLAIM

**NAME:** Angela Bruining **DATE:** October 8, 2024  
**Address:** [REDACTED]  
**Purpose of Travel:** BCFit Conference  
**Dates of Travel:** October 5 & 6, 2024

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Oct 6, 2024	Richmond Minard Center	Per Diem	\$75

TOTAL \$75.00 ~~\$0.00~~

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS	
1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Per Diem and Meal Allowance	\$75/day
Rate breakdown	
Breakfast - \$15	
Lunch - \$20	
Dinner - \$25	
Incidentals - \$15 (for trips in excess of 24 hours only)	
4. All other expenses	Actual Cost

CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B)	\$0.00
TOTAL EXPENSES (A + B)	\$0.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$0.00
<b>NET CLAIM</b>	<b>\$75.00 \$0.00</b>

"I hereby request reimbursement of these expenses and certify that they were incurred as a result of travel on Strathcona Regional District business and that I will not be reimbursed for them by any other party."

Angela Bruining  
SIGNATURE OF PERSON MAKING CLAIM

Oct 8, 2024  
DATE

APPROVED FOR PAYMENT <u>Madeline</u>	ACCOUNT No. <u>01-2-640-320</u>	VENDOR No.
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