002375

Strathcona REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM

EXEMPT STAFF

NAME: Kellie Chamberlain **DATE:** Sept 10/25

ADDRESS:

PURPOSE OF CLAIM: Travel expense - to CostCentre 4199, 01-2-614-630

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
09/10/2025	To Oyster Bay Resort from SRD office		18	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	18	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 12.96	$ 0.00
		(a)	(b)	(c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. **Commercial Accommodation => Actual Cost @ Gov't Rates**
2. **Non-Commercial Accommodations => $35/night**
3. **Per Diem & Meal Allowance => $125/day**

   Rate Breakdown:

   Breakfast -> $20

   Lunch -> $25

   Dinner -> $35

   Incidentals -> $45 (for trips in excess of 24 hrs only)
4. **All other expenses => Actual Cost**

(a+b+c)

TOTAL EXPENSES	$	~~12.96~~ 12.34
		GST- 0.62
Less Advance Acct 01-3-000-649	$	
NET CLAIM	$	12.96

"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."

SIGNATURE OF PERSON MAKING CLAIM — DATE: Sept. 10/25.

Approved for Payment: A Nelson	01-2-500-320 Account No.	Vendor No.