Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

ADVANCE [ ] CLAIM [X]

NAME: Edith Watson DATE: Dec 5/22.

Address:

Purpose of Claim: NATI - Community Planning in Local Government
Nov 27 - Dec 2/22

DATE	DESCRIPTION OF EXPENSE	AMOUNT
Nov 27/22	Lunch	25.00
Dec 2/22	Lunch	25.00

TOTAL 50.00 ~~$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	$125/day
Rate breakdown	
Breakfast - $20	
Lunch - $25	
Dinner - $35	
Incidentals - $45 (for trips in excess of 24 hours only)	
4. All other expenses	Actual Cost

CARRY FORWARD OF EXPENSES (B)	~~253.76~~	248.33 (d) $0.00
TOTAL EXPENSES (A + B)	(d) 298.33 ~~303.76~~	~~$0.00~~
LESS ADVANCE ACCOUNT No. 01-3-000-649		$0.00
NET CLAIM 298.33 (A)	~~303.76~~	$0.00

GST 14.23 / 284.65

1 Mevi

~~GST~~ 14.46 / 289.30

"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."

E Watson
SIGNATURE OF PERSON MAKING CLAIM

Dec 5/22.
DATE

APPROVED FOR PAYMENT	01-2-111-320 A130 ACCOUNT No.	VENDOR No.

Yes

SCANNED https://strathcona.sharepoint.com/sites/Payroll_Benefits/Shared Documents/SRD Staff Travel Claim Form 2022Staff from

Entered by Mevi

2022-12-05

Strathcona REGIONAL DISTRICT

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

EXPENSES

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved (A)	Distance on Unpaved (B)
Nov 27/22	Campbell River	Saltspring Island	MATI - Community Planning	~~208~~ 204	
Dec 2/22	Saltspring Isl.	Campbell River		~~208~~ 204	
				408	
		TOTAL DISTANCE TRAVELED - KM		~~416~~ 0	0
		RATE PER KM		$0.61	$0.73
		TOTAL DISTANCE EXPENSE		~~253.76~~ $0.00	$0.00
		TOTAL EXPENSES ($ PAVED + $ UNPAVED)			~~253.76~~
		CARRY FORWARD TO FRONT (B)		248.88	~~$0.00~~

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

ADVANCE [ ] CLAIM [X]

NAME: Edith Watson DATE: Oct 24, 2022

Address:

Purpose of Claim: Election 2022

DATE	DESCRIPTION OF EXPENSE	AMOUNT
Oct 13/22	Dinner	35.00
Oct 15/22	Breakfast, lunch, dinner	80.00

TOTAL 115.00 ~~$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	$125/day
Rate breakdown	
Breakfast - $20	
Lunch - $25	
Dinner - $35	
Incidentals - $45 (for trips in excess of 24 hours only)	
4. All other expenses	Actual Cost

CARRY FORWARD OF EXPENSES (B)	$0.00
TOTAL EXPENSES (A + B)	115.00 ~~$0.00~~
LESS ADVANCE ACCOUNT No. 01-3-000-649	$0.00
NET CLAIM	115.00 **$0.00**

"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."

E Watson
SIGNATURE OF PERSON MAKING CLAIM

Oct 24/22.
DATE

APPROVED FOR PAYMENT	01-2-131-320 ACCOUNT No. 01-2-111-320 A155 50% each.	VENDOR No.