



STAFF TRAVEL FORM

ADVANCE

CLAIM

NAME: Mike Harmston **DATE:** 06-Jun-19

Address: [REDACTED]

Purpose of Travel: GFOA BC Conference

Dates of Travel: May 27th and May 31st

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
27-May	GFOA-BC	Dinner	\$25.00
27-May	GFOA-BC	Incidentals	\$15.00
28-May	GFOA-BC	Dinner	\$25.00
28-May	GFOA-BC	Incidentals	\$15.00
29-May	GFOA-BC	Dinner	\$25.00
29-May	GFOA-BC	Incidentals	\$15.00
30-May	GFOA-BC	Dinner (included Gala)	\$0.00
30-May	GFOA-BC	Incidentals	\$15.00
31-May	GFOA-BC	Lunch (Duncan coming home)	\$20.00
31-May	GFOA-BC	Hotel & Parking-4 nights	\$1,323.04

TOTAL **\$1,478.04**

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)	\$305.08
TOTAL EXPENSES (A + B)	\$1,783.12
LESS ADVANCE ACCOUNT No. 01-3-000-849	\$0.00
NET CLAIM	\$1,783.12

"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]

SIGNATURE OF PERSON MAKING CLAIM

June 7th 2019

DATE

APPROVED FOR PAYMENT <i>[Signature]</i>	01-2-113-320	
	ACCOUNT No.	VENDOR No.

ADVANCE


CLAIM

NAME: Mike Harmston **DATE:** 23-Oct-19

Address: _____

Purpose of Travel: Asset Management Working Group in Duncan.

Dates of Travel: October 3rd and 4th

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
03-Oct	Duncan, BC - Asset Management Working Group	Dinner	\$25.00
04-Oct	Duncan, BC - Asset Management Working Group	Breakfast	\$15.00
04-Oct	Duncan, BC - Asset Management Working Group	Incidentals	\$15.00
	(Left day prior, hotel paid by Michelle, lunch was included)	01-2-113-320 - A160	
	<i>Cash Received by</i>		
			

TOTAL \$55.00

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

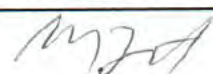
CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B)	\$0.00
TOTAL EXPENSES (A + B)	\$55.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$55.00

"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."



SIGNATURE OF PERSON MAKING CLAIM

Oct 23, 2019.
DATE

APPROVED FOR PAYMENT 	01-2-113-320, A160 ACCOUNT No.	VENDOR No.
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