Strathcona
REGIONAL DISTRICT

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

STAFF TRAVEL FORM

ADVANCE [ ] CLAIM [X]

NAME: Libby King DATE: 06-Jun-19

Address: [redacted]

Purpose of Travel: Whole of Island Health Networks Conference

Dates of Travel: 3 June and 4 June 2019

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
03-Jun	Whole of Island Health Networks conference	Lunch	$20.00
03-Jun	Whole of Island Health Networks conference	Dinner	$25.00
04-Jun	Whole of Island Health Networks conference	Breakfast	$15.00

TOTAL	$60.00

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)	$60.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	$0.00
NET CLAIM	**$60.00**

"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

5 June 2019
DATE

APPROVED FOR PAYMENT D. Wilson	01-2-118-320 ACCOUNT No. A163	VENDOR No.