



STAFF TRAVEL FORM

ADVANCE

CLAIM

NAME: Dave Leitch **DATE:** 04-Jun-19

Address: _____

Purpose of Travel: FCM Conference

Dates of Travel: May 30, 2019 - June 3, 2019

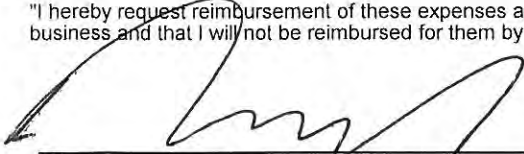
DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
30-May	FCM	Lunch, dinner	\$45.00
31-May	FCM	Dinner, Incidentals	\$40.00
01-Jun	FCM	Dinner, Incidentals	\$40.00
02-Jun	FCM	Incidentals	\$15.00
03-Jun	FCM	Breakfast, Lunch, Dinner	\$60.00

TOTAL \$200.00

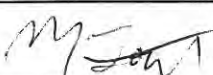
REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS	
1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Per Diem and Meal Allowance	\$75/day
Rate breakdown	
Breakfast - \$15	
Lunch - \$20	
Dinner - \$25	
Incidentals - \$15 (for trips in excess of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

CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B)	\$0.00
TOTAL EXPENSES (A + B)	\$200.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$200.00

"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

June 4, 2019
DATE

APPROVED FOR PAYMENT 	ACCOUNT No. <u>012-111-320</u>	VENDOR No.
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ADVANCE

CLAIM

NAME: Dave Leitch DATE: Sept. 30, 2019
 Address: _____
 Purpose of Travel: UBCM Convention
 Dates of Travel: Sept. 23 - Sept 27, 2019

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Sept. 24, 2019	UBCM	Lunch/Dinner	\$45.00
Sept. 23, 2019	UBCM	Breakfast/Dinner/Incidentals	\$55.00
Sept. 25, 2019	UBCM	Breakfast/Dinner/Incidentals	\$55.00
Sept. 26, 2019	UBCM	Breakfast/Incidentals	\$30.00
Sept. 27, 2019	UBCM	Breakfast/Lunch	\$35.00


TOTAL \$220.00

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)	\$155.44
TOTAL EXPENSES (A + B)	\$375.44
LESS ADVANCE	
ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$375.44

"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

Sept 30, 2019
DATE

APPROVED FOR PAYMENT 	ACCOUNT No. <u>01-2-111-320</u>	VENDOR No.
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