



ADVANCE

CLAIM

NAME: Becky Roder **DATE:** 18-Nov-19

Address: _____

Purpose of Travel: to assist in communication with users due to delay in the EEU Project.

Dates of Travel: September 3 - 6, 2019

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
03-Sep	lunch, dinner, incidentals during stay in Campbell River to complete work assignment	Meals	\$60.00
04-Sep	lunch, dinner, incidentals during stay in Campbell River to complete work assignment	Meals	\$60.00
05-Sep	lunch, dinner, incidentals during stay in Campbell River to complete work assignment	Meals	\$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)	\$145.00
TOTAL EXPENSES (A + B)	\$180.00
LESS ADVANCE	
ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$325.00

"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."

Becky Roder

SIGNATURE OF PERSON MAKING CLAIM

I certify that these goods and/or services have been received, that they are required for the operations of the Regional District and approved for payment by the Regional District.

Signature: [Handwritten Signature] 18-Nov-19
 Account # 01-6-646-2472
 ACCOUNT No. 01-6-646-2472 DATE 18 Nov 2019

15-48
LST

APPROVED FOR PAYMENT	Account #	VENDOR No.
	ACCOUNT No.	

(YES)

