

STAFF TRAVEL FORM

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

ADVANCE

CLAIM

NAME: Mary Ellen Swift **DATE:** 21-Oct-19

Address: _____

Purpose of Travel: Canadian Payroll Association - Terminations

Dates of Travel: October 18, 2019 - Nanaimo

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Oct 18/19	Nanaimo	Parking	\$7.00
Oct 18/19	Per Diem - Dinner		\$25.00

TOTAL \$32.00

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)	\$32.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$32.00

"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."

MES
SIGNATURE OF PERSON MAKING CLAIM

Oct 21/19
DATE

APPROVED FOR PAYMENT <u><i>[Signature]</i></u>	012-113-320	VENDOR No.
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