

STAFF TRAVEL FORM

ADVANCE

CLAIM

NAME: Mary Jo Van Order **DATE:** 21-May-19

Address: 301 990 Cedar Street Campbell River BC V9W 7Z8

Purpose of Travel: Attend BC Land Summit 2019

Dates of Travel: 8 to 10 May, 2019

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
8-11 May 2019	parking for ferry Nanaimo/Horseshoe Bay	3 X 24 hrs @ \$9/24 hrs	\$27.00

Cash received by

TOTAL \$27.00

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)	\$27.00
LESS ADVANCE	
ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$27.00

"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

21 MAY 19
DATE

APPROVED FOR PAYMENT 	ACCOUNT No. <u>01-2-500-320</u>	VENDOR No.
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PAYMENT REQUISITION

Date June 18/2019
 Payable To Mary Jo Van Order
 Mailing Address [Redacted]
 Telephone / Date Required next cheque run please
 Requested By Shaun Koopman Department Corporate Services

Account Number	Cost Centre	Details	Amount
01-2-272-320		Travel meal reimbursement for	10.85 ✓
		SRD staff member Mary Jo	8.72 ✓
		Van Order to attend a	21.11 ✓
		June 11-12 BOC Essentials	
Cash received by <u>[Signature]</u>			

For Finance Department Use:

Vendor No. _____
 Vendor HST/GST No. _____

Sub Total	40.686
GST	0.54 ✓
PST	
Total	41.220

Payment to be: Mailed Picked Up Return to Requestor Attachments / Covering Letter Required Yes No

I certify that these goods and/or services are required for the operations of the Regional District and I approve this payment.

Signature [Signature]

Date June 18/2019

STAFF TRAVEL FORM

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

ADVANCE

CLAIM

NAME: Mary Jo Van Order **DATE:** 11-Sep-19

Address: 301 990 Cedar Street Campbell River BC V9W 7Z8

Purpose of Travel: Attend Quadra Island Farmer's Market to raise awareness of ICSP underway

Dates of Travel: 07-Sep-19

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
07-Sep	Quadra Island Farmer's Market	Meal	\$15.00

*Received by
M Jo Van Order*

TOTAL \$15.00

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)	\$15.00
LESS ADVANCE	
ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$15.00

GST .71

"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."

M Jo Van Order
SIGNATURE OF PERSON MAKING CLAIM

11 Sep 19
DATE

APPROVED FOR PAYMENT <u><i>A Nelson</i></u>	ACCOUNT No. <u>01-2-500-320 W660</u>	VENDOR No.
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STAFF TRAVEL FORM

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

ADVANCE

CLAIM

NAME: Mary Jo Van Order **DATE:** 10-Oct-19

Address: 301 990 Cedar Street Campbell River BC V9W 7Z8

Purpose of Travel: Cannabis drop-in session

Dates of Travel: 09-Oct-19

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
09-Oct	Cannabis drop-in session	Meal	\$25.00

Received by
[Signature]

TOTAL \$25.00

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)	\$25.00
LESS ADVANCE	
ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$25.00

"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."

*GST
1.19
23.81*

[Signature]
SIGNATURE OF PERSON MAKING CLAIM

10 OCT 19
DATE

APPROVED FOR PAYMENT <u>[Signature]</u>	ACCOUNT No. <u>01-2-500-320</u>	VENDOR No. <u>W660</u>
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