







**STAFF TRAVEL FORM**

ADVANCE

CLAIM

**NAME:** Edith Watson **DATE:** November 26/18

**Address:** \_\_\_\_\_

**Purpose of Travel:** Clerks and Corporate Officers Forum

**Dates of Travel:** November 20-23, 2018

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Nov 20/18	lunch, dinner	Meals	\$45.00
Nov 21/18	breakfast, lunch, dinner & per diem	Meals	\$75.00
Nov 22/18	All meals included in Forum		
Nov 23/18	(Breakfast included in Forum), lunch & dinner	Meals	\$45.00

**TOTAL** \$165.00

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)	\$165.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$0.00
<b>NET CLAIM</b>	<b>\$165.00</b>

"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."

*Edith Watson*

SIGNATURE OF PERSON MAKING CLAIM

Nov 26/18

DATE

APPROVED FOR PAYMENT <i>Thomas [Signature]</i>	ACCOUNT No. <u>01-2-111-320</u>	VENDOR No.
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