



990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
USW STAFF

NAME: Joel Wheeldon

DATE: 05/12/2025

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: BCRPA Conference Whistler BC

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
05/06/2025	Lunch	\$20		
05/06/2025	Dinner	\$25		
05/06/2025	Incidentals	\$15		
05/07/2025	Dinner	\$25		
05/07/2025	Incidentals	\$15		
05/08/2025	Dinner	\$25		
05/08/2025	Incidentals	\$15		
05/09/2025	Breakfast	\$15		
05/09/2025	Lunch	\$20		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 175	0	0
	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 175.00	\$ 0.00	\$ 0.00

(a) (b) (c)

(a+b+c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$75/day
Rate Breakdown:
Breakfast -> \$15
Lunch -> \$20
Dinner -> \$25
Incidentals -> \$15 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

TOTAL EXPENSES \$ 175.00

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 175.00

"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]
SIGNATURE OF PERSON MAKING CLAIM

05/12/2025
DATE

Approved for Payment <u>[Signature]</u>	Account No.	Vendor No.
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