



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

**STAFF EXPENSE CLAIM FORM
USW STAFF**

NAME: Justin Wolfe

DATE: 11/13/2023

ADDRESS: _____

PURPOSE OF CLAIM: Island Fitness Coference

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
10/28/2023	Dinner	25.00		
10/29/2023	Breakfast, Lunch, Dinner, incedentals	75.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 100	0	0
	RATE/KM	n/a	\$ 0.68	\$ 0.80
	TOTAL CLAIM	\$ 100.00	\$ 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 \$ 100.00

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

NET CLAIM \$ 100.00

"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

DATE 11/13/2023

Approved for Payment [Signature] Account No. 01-2-640-319 Vendor No. 320