Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

ADVANCE [ ] CLAIM [X]

NAME: Tom Yates DATE:

Address:

Purpose of Claim: Election Day

DATE	DESCRIPTION OF EXPENSE	AMOUNT
Oct. 15/22	Lunch/Dinner	$60.00

TOTAL	$60.00
CARRY FORWARD OF EXPENSES (B)	$0.00
TOTAL EXPENSES (A + B)	$60.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	$0.00
NET CLAIM	**$60.00**

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	$125/day
Rate breakdown	
Breakfast - $20	
Lunch - $25	
Dinner - $35	
Incidentals - $45 (for trips in excess of 24 hours only)	
4. All other expenses	Actual Cost

"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."

Thomas Yates
SIGNATURE OF PERSON MAKING CLAIM

Oct. 24/22
DATE

APPROVED FOR PAYMENT	01-2-131-320 ACCOUNT No.	VENDOR No.

01-2-111-320 A155
50% Each.