Strathcona
REGIONAL DISTRICT

STAFF TRAV

301 - 990 Cedar Street, Campbell River, BC V9W 7Z8

ADVANCE [ ] **CLAIM** [√]

NAME: Tom Yates **DATE:** March 8/19

Address:

Purpose of Travel: N/A

Dates of Travel: Feb. 28/19

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)
Feb. 28/19	Campbell River	meal $99.77
	(incl. Chair, Vice Chair, K. Stewart)	87.77

TOTAL	0.00

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)	
LESS ADVANCE ACCOUNT No. 01-3-000-649	0
NET CLAIM	$99.77

$87.77

"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

March 12/19
DATE

APPROVED FOR PAYMENT	01-2-111-284 ACCOUNT No.	VENDOR No.

Strathcona
REGIONAL DISTRICT

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

STAFF TRAVEL FORM

ADVANCE [ ] CLAIM [X]

NAME: Tom Yates DATE: 26-Oct-19

Address:

Purpose of Travel: SRD Business

Dates of Travel: 15-May-19

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
15-May	Sayward		
		TOTAL	$0.00

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)	$89.67
TOTAL EXPENSES (A + B)	$89.67
LESS ADVANCE ACCOUNT No. 01-3-000-649	$0.00
NET CLAIM	**$89.67**

"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

26-Oct-19

APPROVED FOR PAYMENT MZ	01-2-111-320 **ACCOUNT No.**	**VENDOR No.**

Strathcona
REGIONAL DISTRICT

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

AUTOMOBILE DISTANCE EXPENSES

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved (A)	Distance on Unpaved (B)
15-May-19	Campbell River	Sayward	meetings w/Village	**77.3**	
15-May-19	Sayward	Campbell River		**77.3**	