



990 Cedar Street, Campbell River, BC V8W 7Z8

|         |  |
|---------|--|
| ADVANCE |  |
| CLAIM   |  |

NAME: Mark Baker

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: TRUCK LOGGERS ASSOCIATION

DATES OF TRAVEL: 01/14/25 - 01/17/25

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE     | FROM     | TO             | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|----------|----------|----------------|-------------------|-------------------|---------------------|
| 01/14/25 | SALWATER | Campbell River | T.L.A             | 141               |                     |
|          |          |                |                   |                   |                     |
|          |          |                |                   |                   |                     |
|          |          |                |                   |                   |                     |
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|          |          |                |                   |                   |                     |
|          |          |                |                   |                   |                     |

|  |             |             |
|--|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2024 CRA rate/BL167)      | \$0.72 / KM | \$0.84 / KM |
| TOTAL DISTANCE EXPENSE                 | \$ 101.52   | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      |             |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

|  |   |
|--|---|
| 1. Commercial Accommodation  | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation  | \$35/night  |
| 3. Overnight travel per diem (24 hour period)<br>* less meals provided | \$125/24 hrs                                      |
| Meal Charges (not overnight)   | Breakfast - \$20<br>Lunch - \$25<br>Dinner - \$35 |
| 4. Other allowable expenses (with receipts)                            | Actual Cost                                       |

|  |           |
|--|-----------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$    |
| TOTAL EXPENSES (A + B)                 | \$ 500.00 |
| LESS ADVANCE                           | \$        |
| ACCOUNT No. 01-3-000-649               |           |
| <b>NET CLAIM</b>                       | \$ 601.52 |

Verified by: \_\_\_\_\_

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

Mark Baker  
DIRECTOR SIGNATURE

Jan 22 - 25  
DATE

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_  
FOR FINANCE USE ONLY

*col*



990 Cedar Street, Campbell River, BC V8W 7Z8

|         |  |
|---------|--|
| ADVANCE |  |
| CLAIM   |  |

NAME: Mick Baker

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: LG LA

DATES OF TRAVEL: MARCH 11 - MARCH 14 2025

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE     | FROM          | TO        | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|----------|---------------|-----------|-------------------|-------------------|---------------------|
| 03/11/25 | LG LA SAYWARD | VANCOUVER |                   | 284               |                     |
| 03/14/25 | LG LA VAN     | SAYWARD   |                   | 284               |                     |
|          |               |           |                   |                   |                     |
|          |               |           |                   |                   |                     |
|          |               |           |                   |                   |                     |
|          |               |           |                   |                   |                     |
|          |               |           |                   |                   |                     |
|          |               |           |                   |                   |                     |

|  |               |             |
|--|---------------|-------------|
| TOTAL DISTANCE TRAVELED                | 568 KM        | KM          |
| RATE PER KM (2025 CRA rate/BL167)      | \$0.72 / KM   | \$0.84 / KM |
| TOTAL DISTANCE EXPENSE                 | \$ 408.96     | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$ 408.96 |             |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

|  |   |
|--|---|
| 1. Commercial Accommodation  | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation  | \$35/night  |
| 3. Overnight travel per diem (24 hour period)<br>* less meals provided | \$125/24 hrs                                      |
| Meal Charges (not overnight)   | Breakfast - \$20<br>Lunch - \$25<br>Dinner - \$35 |
| 4. Other allowable expenses (with receipts)                            | Actual Cost                                       |

|  |               |
|--|---------------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ 500.00 |
| TOTAL EXPENSES (A + B)                 | \$            |
| LESS ADVANCE                           | \$            |
| ACCOUNT No. 01-3-000-649               | \$            |
| <b>NET CLAIM</b>                       | \$ 908.96     |

Verified by: \_\_\_\_\_

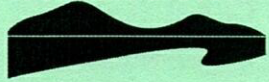
I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

Mick Baker  
DIRECTOR SIGNATURE

March 26/25  
DATE

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_  
FOR FINANCE USE ONLY





990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

|         |  |
|---------|--|
| ADVANCE |  |
| CLAIM   |  |

NAME: MACK BAKER

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: AVICC

DATES OF TRAVEL: APRIL 10 - APRIL 14

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE     | FROM    | TO      | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|----------|---------|---------|-------------------|-------------------|---------------------|
| 04/10/25 | SAYWARD | NANAINO | AVICC             | 251               |                     |
| 04/11/25 | NANAINO | SAYWARD | AVICC             | 251               |                     |
|          |         |         |                   |                   |                     |
|          |         |         |                   |                   |                     |
|          |         |         |                   |                   |                     |
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**PURSUANT TO SRD REMUNERATION BYLAW #167**

|  |   |
|--|---|
| 1. Commercial Accommodation  | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation  | \$35/night  |
| 3. Overnight travel per diem (24 hour period)<br>* less meals provided | \$125/24 hrs                                      |
| Meal Charges (not overnight)   | Breakfast - \$20<br>Lunch - \$25<br>Dinner - \$35 |
| 4. Other allowable expenses (with receipts)                            | Actual Cost                                       |

|  |               |             |
|--|---------------|-------------|
| TOTAL DISTANCE TRAVELED                | 502 KM        | KM          |
| RATE PER KM (2025 CRA rate/BL167)      | \$0.72 / KM   | \$0.84 / KM |
| TOTAL DISTANCE EXPENSE                 | \$ 361.44     | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$ 361.44 |             |

|  |             |
|--|-------------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ 555- |
| TOTAL EXPENSES (A + B)                 | \$ 916.44   |
| LESS ADVANCE                           | \$          |
| ACCOUNT No. 01-3-000-649               |             |
| <b>NET CLAIM</b>                       | \$ 916.44   |

Verified by: meu

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]  
DIRECTOR SIGNATURE

April 14 - 25  
DATE

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_  
FOR FINANCE USE ONLY





990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

|         |  |
|---------|--|
| ADVANCE |  |
| CLAIM   |  |

NAME: Mark Baker

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE     | FROM     | TO       | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|----------|----------|----------|-------------------|-------------------|---------------------|
| 04/21/25 | SAYUMBE  | COURTNEY | CHAIR / CAO       | 127               |                     |
| 04/22/25 | COURTNEY | SAYUMBE  | " "               | 127               |                     |
|          |          |          |                   |                   |                     |
|          |          |          |                   |                   |                     |
|          |          |          |                   |                   |                     |
|          |          |          |                   |                   |                     |
|          |          |          |                   |                   |                     |
|          |          |          |                   |                   |                     |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

|  |   |
|--|---|
| 1. Commercial Accommodation  | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation  | \$35/night  |
| 3. Overnight travel per diem (24 hour period)<br>* less meals provided | \$125/24 hrs                                      |
| Meal Charges (not overnight)   | Breakfast - \$20<br>Lunch - \$25<br>Dinner - \$35 |
| 4. Other allowable expenses (with receipts)                            | Actual Cost                                       |

|  |               |             |
|--|---------------|-------------|
| TOTAL DISTANCE TRAVELED                | 254 KM        | KM          |
| RATE PER KM (2025 CRA rate/BL167)      | \$0.72 / KM   | \$0.84 / KM |
| TOTAL DISTANCE EXPENSE                 | \$ 182.88     | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$ 182.88 |             |

|  |           |
|--|-----------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ 35 |
| TOTAL EXPENSES (A + B)                 | \$ 217.88 |
| LESS ADVANCE                           | \$        |
| ACCOUNT No. 01-3-000-649               | \$        |
| <b>NET CLAIM</b>                       | \$ 217.88 |

Verified by: Mew

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]  
DIRECTOR SIGNATURE

April 23-25  
DATE

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_  
FOR FINANCE USE ONLY





990 Cedar Street, Campbell River, BC V8W 7Z8

|         |  |
|---------|--|
| ADVANCE |  |
| CLAIM   |  |

NAME: Mark Baker

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: Board Mtg and Agenda review

DATES OF TRAVEL: March 31 to April 23 2025

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE            | FROM | TO | PURPOSE OF TRAVEL    | Distance on Paved | Distance on Unpaved |
|-----------------|------|----|----------------------|-------------------|---------------------|
| <u>04/23/25</u> |      |    | <u>Board Mtg</u>     | <u>141</u>        | <u>—</u>            |
| <u>03/31/25</u> |      |    | <u>Board Mtg</u>     | <u>141</u>        | <u>—</u>            |
| <u>04/16/25</u> |      |    | <u>Agenda Review</u> | <u>141</u>        | <u>—</u>            |
|                 |      |    |                      |                   |                     |
|                 |      |    |                      |                   |                     |
|                 |      |    |                      |                   |                     |
|                 |      |    |                      |                   |                     |
|                 |      |    |                      |                   |                     |

|  |                      |             |
|--|----------------------|-------------|
| TOTAL DISTANCE TRAVELED                | <u>423</u> KM        | <u>—</u> KM |
| RATE PER KM (2025 CRA rate/BL167)      | \$0.72 / KM          | \$0.84 / KM |
| TOTAL DISTANCE EXPENSE                 | \$ <u>304.56</u>     | \$ <u>—</u> |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$ <u>304.56</u> |             |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

|  |   |
|--|---|
| 1. Commercial Accommodation  | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation  | \$35/night  |
| 3. Overnight travel per diem (24 hour period)<br>* less meals provided | \$125/24 hrs                                      |
| Meal Charges (not overnight)   | Breakfast - \$20<br>Lunch - \$25<br>Dinner - \$35 |
| 4. Other allowable expenses (with receipts)                            | Actual Cost                                       |

|  |                  |
|--|------------------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ <u>—</u>  |
| TOTAL EXPENSES (A + B)                 | \$ <u>304.56</u> |
| LESS ADVANCE                           | \$ <u>—</u>      |
| ACCOUNT No. 01-3-000-649               |                  |
| <b>NET CLAIM</b>                       | \$ <u>304.56</u> |

Verified by: MB

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

Mark Baker  
DIRECTOR SIGNATURE

April 23 2025  
DATE

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_  
FOR FINANCE USE ONLY





990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

|         |  |
|---------|--|
| ADVANCE |  |
| CLAIM   |  |

NAME: MARY DAVEN

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: FCM

DATES OF TRAVEL: \_\_\_\_\_

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE       | FROM      | TO        | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|------------|-----------|-----------|-------------------|-------------------|---------------------|
| May 28, 22 | SAYWARD   | COURTENAY | FCM               | 127               |                     |
| June 1, 22 | COURTENAY | SAYWARD   | FCM               | 127               |                     |
|            |           |           |                   |                   |                     |
|            |           |           |                   |                   |                     |
|            |           |           |                   |                   |                     |
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|            |           |           |                   |                   |                     |
|            |           |           |                   |                   |                     |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

|  |   |
|--|---|
| 1. Commercial Accommodation  | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation  | \$35/night  |
| 3. Overnight travel per diem (24 hour period)<br>* less meals provided | \$125/24 hrs                                      |
| Meal Charges (not overnight)   | Breakfast - \$20<br>Lunch - \$25<br>Dinner - \$35 |
| 4. Other allowable expenses (with receipts)                            | Actual Cost                                       |

|  |                 |             |
|--|-----------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM              | KM          |
| RATE PER KM (2025 CRA rate/BL167)      | \$0.72 / KM     | \$0.84 / KM |
| TOTAL DISTANCE EXPENSE                 | \$ 254 ✓        | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$ 182.88 ✓ |             |

|  |              |
|--|--------------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ 545 ✓ |
| TOTAL EXPENSES (A + B)                 | \$ 727.88    |
| LESS ADVANCE                           | \$           |
| ACCOUNT No. 01-3-000-649               |              |
| <b>NET CLAIM</b>                       | \$ 727.88 ✓  |

Verified by: Meli

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]  
DIRECTOR SIGNATURE

DATE

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_  
FOR FINANCE USE ONLY

