

002378



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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Dave Leitch

DATE: 09/29/2025

ADDRESS: _____

PURPOSE OF CLAIM: UBCM

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
09/21/2025	travel Courtenay to Victoria		228	
09/22/2025	Meals, B/L/D/I	125		
09/23/2025	Meals, B/L/I	90		
09/24/2025	Meals, B/L/I	90		
09/25/2025	Meals, B/L/D/I	125		
09/26/2025	Meals, B, travel Victoria to Courtenay	20	228	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 450	456	0
	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 450.00	\$ 328.32	\$ 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 => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

TOTAL EXPENSES \$ ~~778.32~~ 741.25

Less Advance Acct 01-3-000-649 \$ GST 37.07

NET CLAIM \$ 778.32

456km

"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 09/29/2025

Approved for Payment _____ Account No. 01-2-111-320 Vendor No. _____

