Strathcona REGIONAL DISTRICT

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

RECEIVED
OCT 02 2025
Strathcona Regional District

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kathleen Mercaccini DATE: 09/20/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
09/20/2025	Smoke roating course Sayward to CR and Back	112.32	156	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$	0	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. **Commercial Accommodation => Actual Cost @ Gov't Rates**
2. **Non-Commercial Accommodations => $35/night**
3. **Per Diem & Meal Allowance => $125/day**
   Rate Breakdown:
   - Breakfast -> $20
   - Lunch -> $25
   - Dinner -> $35
   - Incidentals -> $45 (for trips in excess of 24 hrs only)
4. **All other expenses => Actual Cost**

TOTAL EXPENSES	$ 112.32
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 112.32

GST = 5.35 - 106.95.

"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

09/20/2025
DATE

Approved for Payment	01-2-245-320 Account No.	Vendor No.