



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

**STAFF EXPENSE CLAIM FORM**  
**EXEMPT STAFF**

NAME: SARAH ROSEN

DATE: OCT 5, '25

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: TRAVEL EXPENSES FOR USING PERSONAL VEHICLE FOR WFA90 COURSE IN VIC

Date	Description of Expense (include from & to for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
SEPT 28, '25	Drive Cumberland → parents in Courichon (by route to course)		168.00	
SEPT 29 - OCT 3, '25	Drive to vic, then back & forth daily from accom. to course, back vic → home		228.6	
OCT 4, '25	Drive Courichon → Cumberland (home)		168.00	
<b>TOTAL</b>			<b>564.6</b>	
FORMULAS - PLEASE LEAVE AS IS	<b>SUB-TOTAL</b>	\$	0	0
	<b>RATE/KM</b>	n/a	\$ 0.72	\$ 0.84
	<b>TOTAL CLAIM</b>	\$	\$ 406.51	\$ 0.00

FOR  
SEPT 29 -  
OCT 3  
WEEK

**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

(a+b+c)	
<b>TOTAL EXPENSES</b>	<b>\$ 406.51</b>
Less Advance Acct 01-3-000-649	\$ 19.36 - GST
<b>NET CLAIM</b>	<b>\$ 406.51</b>

"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: [Signature]

DATE: October 5, 2025

Approved for Payment	<u>[Signature]</u>	Account No. <u>01-2-272-320</u>	Vendor No.
-------------------------	--------------------	------------------------------------	------------