Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Sarah Madelung **DATE:** 06/02/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: BCRPA Conference

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
05/06/2025	Hotel 3 Nights	976.49		
05/06/2025	Per Diem (No meals in conference)	125.00		
05/07/2025	Dinner (Breakfast and Lunch in Conference)	35.00		
05/08/2025	All Meals in conference	0.00		
05/09/2025	Per Diem (No meals in conference)	125.00		
05/06/25	Milage to Whistler and return		626	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 1261.49	626 0	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 1,261.49 (a)	$ 450.72 0.00 SM (b)	$ 0.00 (c)

(a+b+c)

TOTAL EXPENSES	$	1,261.49 1712.21
Less Advance Acct 01-3-000-649	$	
NET CLAIM	$	1,261.49 SM 1712.21

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**

"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

SM June 2/2025
DATE

Approved for Payment	Account No.	Vendor No.
	01-2-640-~~353~~ 320	

SCANNED

yes

002425

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Sarah Madelung

DATE: 11/10/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Fitness Facility Tour- Lower Mainland (RECREATE)

Date	Description of Expense (include "from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
10/28/2025	Lunch	25		
10/28/2025	Dinner	35		
10/28/2025	Incidentals	45		
10/29/2025	Breakfast	20		
10/29/2025	Lunch	25		
10/29/2025	Incidentals	45		
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 195	0	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 195.00	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 195.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 195.00

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**

"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."

Sarah Madelung

Digitally signed by Sarah Madelung
Date: 2025.11.10 12:14:00 -08'00'

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	01-2-640-353 Account No.	Vendor No.

NOV 12, 2025