002424

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Deanna Movold **DATE:** 11/10/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Fitness Facility Tour (Lower mainland/Re-Create)

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
10/28/2025	Lunch	$25.00		
10/28/2025	Dinner	$35.00		
10/29/2025	Breakfast	$20.00		
10/29/2025	Lunch	$25.00		
10/29/2025	Incedentals	$45.00		
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 150	0	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 150.00 (a)	$ 0.00 (b)	$ 0.00 (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 (a+b+c)	$ 150.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 150.00

"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."

Deanna Movold Digitally signed by Deanna Movold Date: 2025.11.10 12:03:35 -08'00'

SIGNATURE OF PERSON MAKING CLAIM DATE

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

NOV 12, 2025