



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

**STAFF EXPENSE CLAIM FORM  
EXEMPT STAFF**

NAME: B. Wasyliw

DATE: 05/12/2025

ADDRESS: 990 Cedar Street

PURPOSE OF CLAIM: Area B APC and PADM 207

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
04/29/2025	Area B APC - Lunch and Dinner	60		
05/04/2025	To Harbour House Hotel (121 Upper Ganges Rd)		193	
05/04/2025	Lunch	25		
05/09/2025	Return from Harbour House Hotel (121 Upper Ganges Rd)		193	
05/09/2025	Lunch	25		
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 110	386	0
	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 110.00	\$ 277.92	\$ 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 \$ 387.92**

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

**NET CLAIM \$ 387.92**

"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

05/12/2025  
DATE

Approved for Payment	Account No. <u>01-2-111-320</u>	Vendor No.
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