002369

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bonnie Logan DATE: 08/22/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage CR to Port Alberni - Mutual Aid ACRD EOC

Date	Description of Expense (include "from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
08/19/2025	Mileage CR (SRD office) - Port Alberni (ACRD office)		151	
08/22/2025	Mileage Port Alberni (ACRD office) - CR (SRD office)		151	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	302	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 217.44	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ ~~217.44~~
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 217.44

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 — DATE: 09/11/2025

Approved for Payment	01-2-272-320 Account No. M314	Vendor No.

M314 Task 25-5774 M+ Underwood EOC

Aug 19-22

01-2-272-320

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bonnie Logan DATE: 12/05/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage to Comox Airport & Home for Building Resilience Communities Conference

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
11/24/2025	Home to Comox Airport		70.1	
11/29/2025	Comox Airport to Home		70.1	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	140.2	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 100.94	$ 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	$ 100.94
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 100.94

"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 — 12/05/2025 DATE

Approved for Payment	01-2-272-320 Account No.	Vendor No.

travel to comox airport
for BEC conference
01-272-320