Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Casey Longhurst **DATE:** 05/07/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: mileage reimbursement

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/24/2025	[redacted] Comox Airport and return		78.2	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	78.2	0
	RATE/ KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 56.30	$ 0.00
		(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**

	(a+b+c)
TOTAL EXPENSES	$ 56.30
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 56.30

M358

"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."

Casey Longhurst — SIGNATURE OF PERSON MAKING CLAIM

May 7 2025 — DATE

Approved for Payment	Account No.	Vendor No.
	01-2-272-320 M358	

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Casey Longhurst **DATE:** 04/28/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: mileage

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
11/12/2025	April 11th Applied Reception Centre Training		523	
	[redacted]642 Johnson St, Victoria, BC V8W 1M6			
	760 Vernon Ave Victoria, BC V8X 2W6 and back			
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	523	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 376.56	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$	376.56

M358

Less Advance Acct 01-3-000-649	$	

NET CLAIM	$	376.56

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

04/24/2025
DATE

Approved for Payment	Account No. 01-2-272-320 M358	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Casey Longhurst

DATE: 08/14/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: mileage for commute to EOC RDN Wesley Ridge 255375

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
08/11/2025	[redacted] 6300 Hammond Bay Road		132.7	
08/13/2025	6300 Hammond Bay Road [redacted]		132.7	
	Personal car was used as department vehicles were booked out			
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	265.4	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 191.09	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 191.09
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 191.09

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

Aug 14 2025

DATE

Approved for Payment	01-2-212-320 M312 Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Casey Longhurst

DATE: 09/11/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage for drop off of SRD vehicle at Comox Parkway

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
08/22/2025	Comox Parkway to [redacted]		42.4	
	On return from ACRD Mt Underwood EOC dropped Newy off with Kayla			
	car was needed for the following morning			
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	42.4	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 30.53	$ 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	$ 30.53
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 30.53

"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

Sept 11 2025

DATE

Approved for Payment	Account No.	Vendor No.

01-2-272-320 M314

Yes

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Casey Longhurst DATE: 12/09/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: mileage reimbursement

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
12/07/2025	Gold River ESS Program Meeting		133	
	Return trip from [redacted] to WF Boardroom for		133	
	Reception Centre Training Activity			
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	266	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 191.52	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 191.52
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 191.52

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

December 10/25
DATE

Approved for Payment	01-2-272-320 M362 Account No.	Vendor No.