



DIRECTOR EXPENSE CLAIM FORM

Page 1 of 2

ADVANCE
CLAIM

990 Cedar Street, Campbell River, BC V8W 7Z8

NAME: Robyn Mawhinney

ADDRESS:

PURPOSE OF TRAVEL: LGCMC - RCMP Contract Management Committee

DATES OF TRAVEL: October 27-28, 2025

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELED

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates	TOTAL DISTANCE EXPENSE	\$ 0.00	\$ 0.00
2. Non-Commercial Accommodation	\$35/night	TOTAL EXPENSES	(A) \$	211.68 -0.00
3. Overnight travel per diem (24 hour period)	\$125/24 hrs	(\$ PAVED + \$ UNPAVED)		

CARRY FORWARD OF EXPENSES FROM REVERSE		(B) \$ <u>158.20</u> 369.88
TOTAL EXPENSES (A + B)		\$ <u>369.88</u> 369.88
LESS ADVANCE		\$
ACCOUNT No. 01-3-000-649		369.88 ^{for}
NET CLAIM		\$ <u>369.88</u> 369.88
		Verified by: <u>Vb.</u>

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

ROBYN

December 16 2025

DATE

ACCOUNT NO. 012 - 130 - 320 CC1 0018 CC2
FOR FINANCE USE ONLY Maughnies



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Page 2 of 2

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\$158.20