Strathcona REGIONAL DISTRICT

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

**STAFF EXPENSE CLAIM FORM**
**EXEMPT STAFF**

**NAME:** Wolfang Parada **DATE:** 06/18/2025

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** Traveling to attend the LGMA 2025 Conference (Kelowna)

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 06/09/2025 | Cumberland to Nanaimo | | 104.8 | |
| 06/13/2025 | Nanaimo to Cumberland | | 104.8 | |
| 06/10/2025 | Vancouver to Kelowna | | 457 | |
| 06/13/2025 | Kelowna to Vancouver | | 457 | |
| 06/13/2025 | Per diem & meal allowance | 150.00 | ~~150~~ | |
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| | | | 1123.60 | |
| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 0 | ~~1273.6~~ | 0 |
| | RATE/KM | n/a | $ 0.72 | $ 0.84 |
| | TOTAL CLAIM | $ 0.00 | $ ~~916.99~~ | $ 0.00 |

$150.00 (a) (b) 808.99 (a+b+c) (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** | $ ~~916.99~~ 958.99 |
| **Less Advance Acct 01-3-000-649** | $ |
| **NET CLAIM** | $ ~~916.99~~ 958.99 |

"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."

Wolfang Parada P.Eng. Digitally signed by Wolfang Parada P.Eng. DN: C=CA, E=wparada@srd.ca, O="Strathcona Regional District ", OU=Engineering Services, CN=Wolfang Parada P.Eng. Date: 2025.06.18 14:19:49-07'00' 06/17/2025

SIGNATURE OF PERSON MAKING CLAIM DATE

| | | |
|---|---|---|
| Approved for Payment | Account No. | Vendor No. |

I Certify that these goods and / or services have been received; that they are required for the operation of the Regional District and I approve this invoice for payment.

Signature

Purpose of Expenditure

Account # $ to 02-2-319-319
$ to 03-2-331-319

Strathcona REGIONAL DISTRICT

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

002465

# STAFF EXPENSE CLAIM FORM

**EXEMPT STAFF**

**NAME:** Wolfang Parada **DATE:** 12/09/2025

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** Traveling to Vancouver (Arena Project) / ITT QC mtg. with hcma and Consultants Group

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 11/12/2025 | Cumberland to Nanaimo | | 104.8 | |
| 11/12/2025 | Nanaimo to Cumberland | | 104.8 | |
| 11/12/2025 | Per diem & Meal Allowance | 80 | | |
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| | | | 0 | |
| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 80 | 209.6 | 0 |
| | RATE/KM | n/a | $ 0.72 | $ 0.84 |
| | TOTAL CLAIM | $ 80.00 (a) | $ 150.91 (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) | $ 230.91 |
| **Less Advance Acct 01-3-000-649** | $ |
| **NET CLAIM** | $ 230.91 |

"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."

Wolfang Parada P.Eng. Digitally signed by Wolfang Parada P.Eng. DN: C=CA, E=wparada@srd.ca, O="Strathcona Regional District ", OU=Engineering Services, CN=Wolfang Parada P.Eng. Date: 2025.12.09 12:02:57-08'00'

SIGNATURE OF PERSON MAKING CLAIM

12/09/2025

DATE

| Approved for Payment | Account No. | Vendor No. |
|---|---|---|

I Certify that these goods and / or services have been received; that they are required for the operation of the Regional District and I approve this invoice for payment.

Dec 09, 2025

Signature

**Purpose of Expenditure**

01-6-640-472.

Account # CC1: COSS CC2: SG010

Arena Project

Mtg with hcma & consultant team - IFT Jet Vancouver office