



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

**STAFF EXPENSE CLAIM FORM  
EXEMPT STAFF**

NAME: Annie Girdler

DATE: 02/19/2026

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Meal Allowance

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
02/18/2026	Meal Allowance for public engagement (Area COCP)	35		
<b>SUB-TOTAL</b>		\$ 35	0	0
<b>FORMULAS - PLEASE LEAVE AS IS</b>		<b>RATE/KM</b>	n/a	\$ 0.73 \$ 0.85
<b>TOTAL CLAIM</b>		\$ 35.00	\$ 0.00	\$ 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

Less Advance Acct 01-3-000-649	\$
<b>NET CLAIM</b>	<b>\$ 35.00</b>

"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 [Signature]

DATE 02/19/2026

Approved for Payment <u>[Signature]</u>	Account No. <u>01-2-500-320</u>	Vendor No. <u>N265</u>
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Entered By MVB