

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

NAME: Liz Carter

DATE: March 12, 2026

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Travel to First Nations Climate Gathering

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
march 29	Dinner	35.00		
March 30	Dinner/Incidentals	85.00		
march 31	Dinner /Incidentals	85.00		
April 1	Breakfast	20.00		
<b>SUB-TOTAL</b>		\$ 225.00	0	0
<b>FORMULAS - PLEASE LEAVE AS IS</b>		<b>RATE/KM</b>	n/a	\$ 0.73
<b>TOTAL CLAIM</b>		\$ 0.00	\$ 0.00	\$ 0.85

(a) (b) (c)

(a+b+c)

**TOTAL EXPENSES** \$ 225.00

Less Advance  
Acct 01-3-000-649 \$ 0

**NET CLAIM** \$ 225.00

**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

"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."

*Liz Carter*  
SIGNATURE OF PERSON MAKING CLAIM

March 12/2026  
DATE

Approved for Payment	Account No.	Vendor No.
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*[Signature]* April 14/26 01-2-118-319 A064