Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Robin Hutchinson **DATE:** 03/14/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Reimbursement for ESS Training in Qualicum

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
03/14/2026	Dinner March 14	~~25.20~~ 24		
	GST	1.68		
		=25.68		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 25.2	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 25.20	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 25.68
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ ~~25.20~~ 25.68

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."

unable to sign no access to printer or scanner - BL — 03/27/2026

SIGNATURE OF PERSON MAKING CLAIM — DATE

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

Shaw

2025 ESS M362