



990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE	
CLAIM	

NAME: John Rice

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167	
1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	0 KM	0 KM
RATE PER KM (2025 CRA rate/BL167)	\$0.72 / KM	\$0.84 / KM
TOTAL DISTANCE EXPENSE	\$ 0	\$ 0
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 0	0

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 525.00
TOTAL EXPENSES (A + B)	\$ 0
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
<b>NET CLAIM</b>	<b>\$ 525.00</b>

Verified by: MWB

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.

DIRECTOR SIGNATURE John Rice

DATE March 12th 2026

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
FOR FINANCE USE ONLY

