2603

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: SARAH ROSEN **DATE:** MARCH 4 2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: REIMBURSEMENT FOR USE OF PERSONAL VEHICLE TO TRAVEL TO NANAIMO FOR CONFERENCE

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
MARCH 2	DRIVE CR → NAN W DINNER STOP		271	
MARCH 3	DRIVE NAN → CUMBERLAND (HOME)			
	Ocean Acidification Workshop			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	271 0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 197.830.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 197.83 0.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 197.83 0.00

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."

SIGNATURE OF PERSON MAKING CLAIM — MARCH 4th, 2026 DATE

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

M146