

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

Л. АВЕРУ

CONSTIT / DIRECTOR

Chemical Reaction

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

[illegible]

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|--|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period)
(less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	113.61
TOTAL EXPENSES (A + B)	\$	113.61
LESS ADVANCE	\$	
ACCOUNT No. 013000649	\$	
NET CLAIM	\$	113.61
	Verified by:	iw

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DEC 29 / 2016

ABRAM1

ACCOUNT NO. 012 - 130 - 263 CC1 0015 → 20.65

DEC 29/16-CE

012-130-314 - 92.96

DIRECTOR EXPENSE CLAIM FORM

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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

**ADVANCE
CLAIM**

NAME: _____

Л. АВРАМ

Address:**Purpose of Travel:**

CONSTTT.

Dates of Travel:

Strathcona Regional District

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

[illegible]

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|--|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period)
(less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 215.42
TOTAL EXPENSES (A + B)	\$ 215.42
LESS ADVANCE	\$ <u> </u>
ACCOUNT No. 013000649	
NET CLAIM	\$ 215.42
	Verified by: W.

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE _____

ACCOUNT NO. 012 - _____ CC1

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

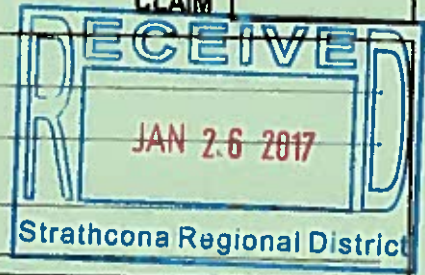
Page 2 of 2

[illegible]

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM



NAME: W. ABRAHAM

Address:

Purpose of Travel: CONSIT.

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
JAN 3	QUINSA	FIREHALL	SENIOR'S HOUSEWORK	16	(MORNING)
JAN 3	"	QUINSA	BAND COUNCIL MEETING	20	(AFTERNOON)
JAN 12	"	SD. OFFICE	SD 72- LAD MEETING	18	
JAN 18	"	FIREHALL	SENIOR'S HOUSEWORK	16	
JAN 19	"	"	SAFETY COUNCIL (NIGHT)	16	

TOTAL DISTANCE TRAVELED	86 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 46.44	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 46.44	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 35.90
TOTAL EXPENSES (A + B)	\$ 82.34
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 82.34
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

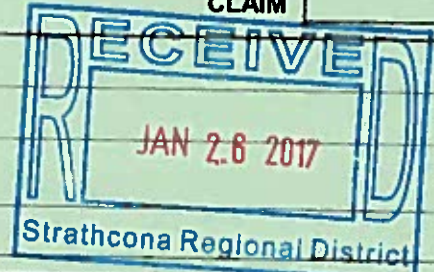
#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM



NAME:

J. ABRAM

Address:

Purpose of Travel:

BOARD

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
JAN 11	QUINCY	CR	CHRG + BOARD	14	
JAN 13	"	"	C ² B - COW	14	

TOTAL DISTANCE TRAVELED	28 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.64 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 15.12	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 15.12	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 38.85
TOTAL EXPENSES (A + B)	\$ 53.97
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 53.97
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

JAN 27/17

ACCOUNT NO. 012 - _____ - _____ CC1 _____

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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

X Directors Director Former Claims 2016 v ley

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: J. ABRAM
Address: _____
Purpose of Travel: EA DIR.
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
<u>Jan 29-31</u>	<u>RUNDOY</u>	<u>COMOX ABRAM</u>	<u>EA FORM</u>	<u>135</u>	
			<u>(KM'S MEASURED BY ODOMETER)</u>	<u>- ATTACHED PHOTO</u>	

TOTAL DISTANCE TRAVELED	<u>135</u> KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.64 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ <u>72.90</u>	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ <u>72.90</u>	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>1091.35</u>
TOTAL EXPENSES (A + B)	\$ <u>1164.25</u>
LESS ADVANCE	\$ <u> </u>
ACCOUNT No. 013000649	
NET CLAIM	\$ <u>1164.25</u>
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

 ADVANCE
 CLAIM

NAME:

J. ABRAM

Address:

Purpose of Travel:

BOARD

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
JAN 26	QUAIRA	CR	SRD BOARD	14	

TOTAL DISTANCE TRAVELED

14 KM

KM

RATE PER KM (2015 CRA rate/BL167)

\$0.54 / KM

\$0.66 / KM

TOTAL DISTANCE EXPENSE

\$ 7.56

\$

TOTAL EXPENSES

(\$ PAVED + \$ UNPAVED)

(A) \$ 7.56

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation

 Actual Cost @
 Gov't rates

Non-Commercial Accommodation

\$35/night

 2. Overnight travel per diem (24 hour period)
 (less meals provided)

\$75/24 hrs

3. Meal Charges (not overnight)

 Breakfast - \$15
 Lunch - \$20
 Dinner - \$25

4. Other allowable expenses (with receipts)

Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE

(B) \$ 17.95

TOTAL EXPENSES (A + B)

\$ 25.51

LESS ADVANCE

\$ —

ACCOUNT No. 013000640

NET CLAIM

\$ 25.51

Verified by:

W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____



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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

X Directors Dinner for Former Chief 706 vlog

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME:

LABRAN

Address:

Purpose of Travel:

CONSTIT

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
Jan 18	Quesnel	Pitt Meadows	Seniors Committee	16	
Jan 19	"	"	Safety Council	16	

TOTAL DISTANCE TRAVELED	<i>32</i> KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ <i>17.28</i>	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ <i>17.28</i>	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <i>92.96</i>
TOTAL EXPENSES (A + B)	\$ <i>92.96</i> <i>110.24</i>
LESS ADVANCE	\$ <i>—</i>
ACCOUNT No. 013000649	
NET CLAIM	<i>92.96</i> \$ <i>110.24</i>
Verified by:	<i>W</i>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE

CLAIM

NAME:

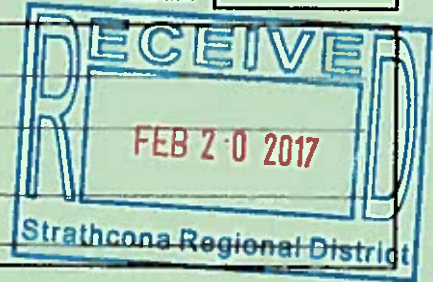
J. ABRAM

Address:

Purpose of Travel:

Dir & Constat

Dates of Travel:



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
FEB 16	QUADRA	H. SM	CHAMBER OF COM	26	

TOTAL DISTANCE TRAVELED	26 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.86 / KM
TOTAL DISTANCE EXPENSE	\$ 14.04	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 14.04	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 178.68
TOTAL EXPENSES (A + B)	\$ 192.72
LESS ADVANCE	\$
ACCOUNT No. 013000849	
NET CLAIM	\$ 192.72
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - - CC1

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

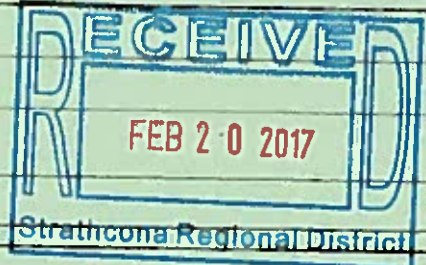
NAME:

U. ABRAM

Address:

Purpose of Travel:

Dates of Travel:



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
<i>FEB 14/15</i>	<i>QUADRA</i>	<i>COMOX AIRPORT</i>	<i>PNCIMA</i>	<i>135</i>	

TOTAL DISTANCE TRAVELED	<i>135</i> KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	<i>\$ 72.90</i>	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) <i>\$ 72.90</i>	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) <i>\$ 832.98</i>
TOTAL EXPENSES (A + B)	<i>\$ 905.88</i>
LESS ADVANCE	<i>\$ —</i>
ACCOUNT No. 01300649	
NET CLAIM	<i>\$ 905.88</i>
Verified by:	<i>W</i>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

FEB 19/17

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

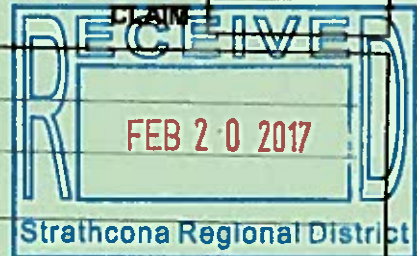
Page 2 of 2

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE

CLAIM



NAME:

J. ABRAM

Address:

Purpose of Travel:

BOARD

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
02/08	QUINORA	CR	BOARD	14	
06/17	"	"	SPEC. COW	14	
TOTAL DISTANCE TRAVELED				28 KM	KM
RATE PER KM (2015 CRA rate/BL167)				\$0.54 / KM	\$0.86 / KM
TOTAL DISTANCE EXPENSE				\$ 15.12	
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 15.12	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 38.85
TOTAL EXPENSES (A + B)	\$ 53.97
LESS ADVANCE	\$
ACCOUNT No. 013006649	\$
NET CLAIM	\$ 53.97
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

FEB 19 / 17

ACCOUNT NO. 012 - - - - - CC1 - - - - -

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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

X-Director\Director Previous Claim 2016 only

NAME: W. ABRAM

Address: _____

Purpose of Travel: CONSTIT. EXP

Dates of Travel: _____

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
			(SEE OVER)		
			TOTAL DISTANCE TRAVELED	KM	KM
			RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.88 / KM
			TOTAL DISTANCE EXPENSE	\$	\$
			TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

RECEIVED

MAR 08 2017

Strathcona Regional District

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation Actual Cost @ Gov't rates

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 367.12
TOTAL EXPENSES (A + B)	\$ 367.12
LESS ADVANCE	\$ <u> </u>
ACCOUNT No. 013000649	
NET CLAIM	\$ 367.12
Verified by	WJ

SIGNATURE OF PERSON MAKING CLAIM

DATE _____

ACCOUNT NO. 012 - _____ CC1

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: J. ABRAM

Address: _____

Purpose of Travel: AS DIRECTOR

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
2/20	Queretaro	C.R.	FLNRS / CRO MOVER	14	
3/02	Queretaro	R. LOLO	FLNRS / SD 72 / CRO SITE VISIT	14	

TOTAL DISTANCE TRAVELED	28 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 15.12	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 15.12	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 17.95
TOTAL EXPENSES (A + B)	\$ 33.07
LESS ADVANCE	\$
ACCOUNT No. 013000649	\$
NET CLAIM	\$ 33.07
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

RECEIVED
APR 27 2017
ADVANCE CLAIM
Strathcona Regional District

NAME: J. ABRAM
Address: _____
Purpose of Travel: AS DIRECTOR (NOT CONSTIT.)
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
APR 24	QUARA	NORTH CAMPBELLTON	WINDSHIELD REPAIR	22	

TOTAL DISTANCE TRAVELED	22 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 11.88	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 11.88	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 217.95
TOTAL EXPENSES (A + B)	\$ 217.95
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	229.83 \$ 217.95
Verified by:	<u>SL</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



NAME: J. ABRAM

Address: _____

Purpose of Travel: CONSTIT.

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
TOTAL DISTANCE TRAVELED				KM	KM
RATE PER KM (2015 CRA rate/BL167)				\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE				\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation Actual Cost @ Gov't rates
Non-Commercial Accommodation \$35/night

2. Overnight travel per diem (24 hour period) \$75/24 hrs
(less meals provided)

3. Meal Charges (not overnight) Breakfast - \$15
Lunch - \$20
Dinner - \$25

4. Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>563.03</u>
TOTAL EXPENSES (A + B)	\$ <u>563.03</u>
LESS ADVANCE	\$ <u> </u>
ACCOUNT No. 013000649	\$ <u> </u>
NET CLAIM	\$ <u>563.03</u>
Verified by:	<u>W.</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Page 2 of 2

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



NAME: J. ABRAM

Address: _____

Purpose of Travel: AS DIRECTOR

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
MAR 8	OUTPORT	CR	ENSC + BRD	14	
APR 13	"	OUTPORT	SPEL LOW	52	(ROUNDTRIP)
APR 12	"	CR	ENSC + BRD	14	
APR 12	"	COMM CENTRE	PUBLIC HEARING	20	

TOTAL DISTANCE TRAVELED	100	KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM	
TOTAL DISTANCE EXPENSE	\$ 54.00		
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 54.00		

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 50.90
TOTAL EXPENSES (A + B)	\$ 104.90
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 104.90
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Page 2 of 2

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE

CLAIM

APR 27 2017

Strathcona Regional District

NAME:

LI. ARAM

Address:

Purpose of Travel:

CONSTIT

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
APR 18	QUINORA	Q. LAKE	PHOTO OP/POWER	14	
APR 26	"	H. BAY DOCK	VILLAGE PLANNING	28	
APR 28	"	G. BAY	T-W MEETING	47	24

TOTAL DISTANCE TRAVELED	89 KM	24 KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 48.06	\$ 15.84
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 63.90	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ →
TOTAL EXPENSES (A + B)	\$ 63.90
LESS ADVANCE	\$ →
ACCOUNT No. 013000649	
NET CLAIM	\$ 63.90
Verified by:	<i>W.</i>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

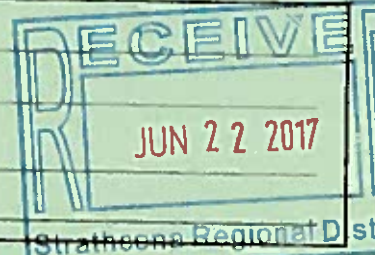
Page 2 of 2

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE ☐
CLAIM ☐

NAME: J. ABRAM
Address: _____
Purpose of Travel: AS DIRECTOR
Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
4/18	QUATRA	Q. COVE	SEE OVER	14	
4/26	"	LYNCH BAY		28	
4/28	"	GANNON BAY		40	24
5/5	"	COVE		14	
5/25	"	FRESHILL		16	
6/9	"	COVE		14	

TOTAL DISTANCE TRAVELED	126 KM	24 KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	23.76 \$	15.84 \$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 23.76	83.88

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation Actual Cost @ Gov't rates
Non-Commercial Accommodation \$35/night

2. Overnight travel per diem (24 hour period) (less meals provided) \$75/24 hrs

3. Meal Charges (not overnight) Breakfast - \$15
Lunch - \$20
Dinner - \$25

4. Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$ 23.76
LESS ADVANCE	\$
ACCOUNT No. 013000640	\$
NET CLAIM	\$ 23.76
	83.88
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Page 2 of 2

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE

CLAIM

NAME:

W. ABRAM

Address:

Purpose of Travel:

Dates of Travel:



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
4/27	QUINJA	CR	BOARD / BOARD LIAISON	14	
5/10	"	"	BOARD / DIST	14	
5/17	"	COMM CENTRE	TULA PUB HEARING	20	
5/25	"	CR	BOARD	14	
6/7	"	"	DIST + BOARD	14	
6/21	"	COMM CENTRE	GOLF PUBLIC HEARING	20	

TOTAL DISTANCE TRAVELED

96 KM

KM

RATE PER KM (2015 CRA rate/BL167)

\$0.54 / KM

\$0.66 / KM

TOTAL DISTANCE EXPENSE

\$ 51.84

\$

TOTAL EXPENSES

(A) \$ 51.84

(\$ PAVED + \$ UNPAVED)

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE

(B) \$ 71.80

TOTAL EXPENSES (A + B)

\$ 123.64

LESS ADVANCE

\$

ACCOUNT No. 01300649

NET CLAIM

\$ 123.64

Verified by:

W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

6/21/17

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

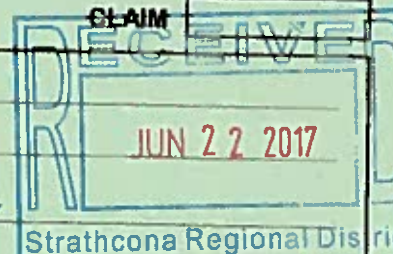
Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
4/27	SAD BOARD + SD LIAISON	FERRY	\$ 17.95
5/10	BNSC + BOARD	FERRY	17.95
5/25	SAD BOARD	FERRY	17.95
6/7	BNSC + BOARD	FERRY	17.95
CARRY FORWARD TO THE FRONT TOTAL (B) \$			71.80

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM



NAME: J. ABRAM
 Address: _____
 Purpose of Travel: CONSTIT. EXP.
 Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>1146.44</u>
TOTAL EXPENSES (A + B)	\$ <u>1146.44</u>
LESS ADVANCE	\$
ACCOUNT No. 013000649	\$
NET CLAIM	\$ <u>1146.44</u>
Verified by:	<u>[Signature]</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Page 2 of 2

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Strathcona
 REGIONAL DISTRICT

DIRECTOR EXPENSE CLAIM FORM

#301 - 800 Cadar Street, Campbell River, BC V9W 7Z8

ADVANCE

CLAIM

NAME:

L. ABRAM

Address:

Purpose of Travel:

CONSTIT.

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
TOTAL DISTANCE TRAVELLED				KM	KM
RATE PER KM (2015 CRA rate/BL167)				\$0.54 / KM	\$0.80 / KM
TOTAL DISTANCE EXPENSE				\$	\$
TOTAL EXPENSED (\$ PAVED + \$ UNPAVED)				(A) \$	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$16 Lunch - \$20 Dinner - \$28
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 1081.92
TOTAL EXPENSES (A + B)	\$ 1081.92
LESS ADVANCE	\$
ACCOUNT No. 01300649	
NET CLAIM	\$ 1081.92
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - - - - - CC1 - - - - -

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

SEP 07 2017

X:Director\Director Finance Claim 2016.xlsx

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

 ADVANCE
 CLAIM

NAME:

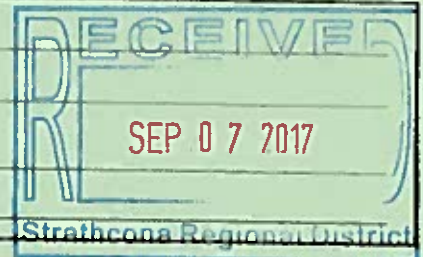
C. AGRAM

Address:

Purpose of Travel:

BOARD

Dates of Travel:


KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
6/22	QUADRA	COMM CNTR	PUB. HEARING #2	20	
6/22	"	CR	BOARD	14	
7/11	"	CR	SD. LIAISON	14	
8/04	"	L. AMDEG	TRIP TO LIAISON	10	
8/05	"	CR (R. CUS)	"	14	
10/09	"	CR	ENSE + BOARD + STAFF	14	
TOTAL DISTANCE TRAVELED				86 KM	KM
RATE PER KM (2015 CRA rate/BL167)				\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE				\$ 46.44	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 46.44	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 69.80
TOTAL EXPENSES (A + B)	\$ 116.24
LESS ADVANCE	\$
ACCOUNT No. 013000549	\$
NET CLAIM	\$ 116.24
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

SEP 10/17

ACCOUNT NO. 012 - - CC1

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Page 2 of 2

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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME:

L. ABAM

Address:

Purpose of Travel:

AS DIRECTOR

Dates of Travel:



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
6/21	QUADRA	COMM. HALL	PARK OPENING	20	
07/01	"	REB. SPIT	SPEECH / OPENING	24	
07/18	"	G. BAY	INSPECTION TOUR	24	40
07/27	"	G. BAY +	HWY 5 FOLLOW UP TOUR	24	40
08/15	"	CR	STAFF MEETINGS	14	
08/16	"	Q. CAVE	PARKS STAFF + PATHS	14	
09/03	"	VALDES + G. BAY	HWY 5 FOLLOW UP COMPLAINTS	24	50
TOTAL DISTANCE TRAVELED				144 KM	130 KM
RATE PER KM (2015 CRA rate/BL167)				\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE				\$77.76	\$85.80
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$ 163.46	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 37.95
TOTAL EXPENSES (A + B)	\$ 201.41
LESS ADVANCE	\$ —
ACCOUNT No. 01300649	
NET CLAIM	\$ 201.41
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

SEP 9/17

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Page 2 of 2

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

OCT 04 2017

ADVANCE
CLAIM

NAME:

L. ABRAM

Address:

Purpose of Travel:

UBCM

Dates of Travel:

AS DIRECTOR & FOR BOARD (25%)

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
SOP 23	Cedar	VNMC	UBCM (ROUND TRIP)	372	(FROM ODSHEIDER)

TOTAL DISTANCE TRAVELED	372 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 200.88	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 200.88	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 2361.32
TOTAL EXPENSES (A + B)	\$ 2510.03
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	2562.20 \$ 2510.03

Verified by:

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

OCT 01 / 17

ACCOUNT NO. 012 - - - - CC1

DIRECTOR EXPENSE CLAIM FORM

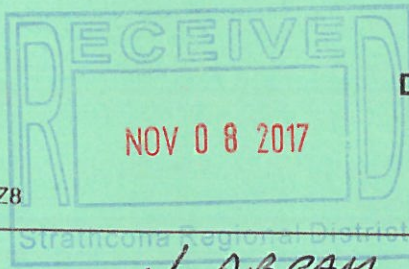
#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]

2361.32



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J. ABRAM
Address: _____
Purpose of Travel: MEETINGS WITH NUMEROUS MINISTERS
Dates of Travel: IN VICTORIA

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
10/30	BLADRA	VICTORIA	MINISTERS	275	

TOTAL DISTANCE TRAVELED	275 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 148.85	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 148.85	50

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 661.56
TOTAL EXPENSES (A + B)	\$ 810.06
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 810.06
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

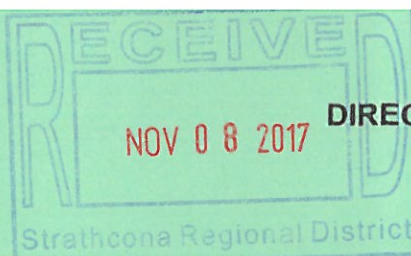
ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: C. ABRAM

Address:

Purpose of Travel: CONST.

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	—

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	1314.57
TOTAL EXPENSES (A + B)	\$	1314.57
LESS ADVANCE	\$	—
ACCOUNT No. 013000649		
NET CLAIM	\$	1314.57
Verified by:		W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

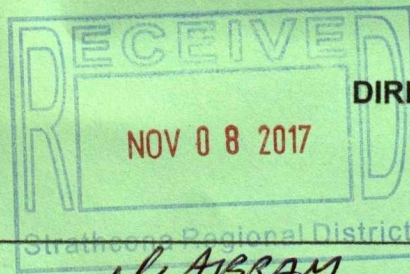
ACCOUNT NO. 012 - - - - - CC1

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]



DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: J. ABRAM
Address: _____
Purpose of Travel: BOARD
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
9/20	Quendra	CR		14	
10/11	"	CR		14	
10/20	"	CR		14	
11/03	"	VLC & VAUL (PARTIAL LOBBY TRIP)		276	
11/06	"	Quendra		20	

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 338.00	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 182.52	365.04

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 74.75
TOTAL EXPENSES (A + B)	\$ 257.27 439.79
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 257.27 439.79
Verified by:	<u>W</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

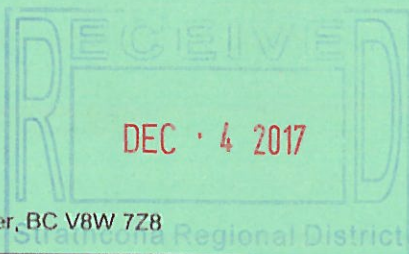
ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]



DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME:

J. AGRAM

Address:

Purpose of Travel:

CONST

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

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

TOTAL DISTANCE TRAVELED

— KM

KM

RATE PER KM (2015 CRA rate/BL167)

\$0.54 / KM

\$0.66 / KM

TOTAL DISTANCE EXPENSE

\$ *—*

\$

TOTAL EXPENSES

(\$ PAVED + \$ UNPAVED)

(A) \$

—

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation

Actual Cost @
Gov't rates

Non-Commercial Accommodation

\$35/night

2. Overnight travel per diem (24 hour period)
(less meals provided)

\$75/24 hrs

3. Meal Charges (not overnight)

Breakfast - \$15
Lunch - \$20
Dinner - \$25

4. Other allowable expenses (with receipts)

Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE

(B) \$

115.33

TOTAL EXPENSES (A + B)

\$

115.33

LESS ADVANCE

\$

ACCOUNT No. 013000649

—

NET CLAIM

\$

115.33

Verified by:

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - *130* - *263* CC1 *D015*

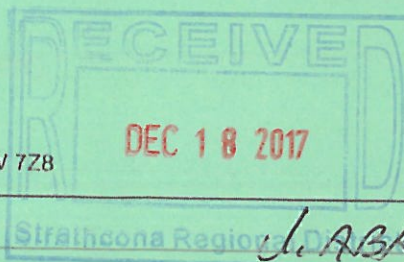
DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME:

Address:

Purpose of Travel:

Dates of Travel:

LABRAM

CONSTANT

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$
Verified by:	<i>men</i>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

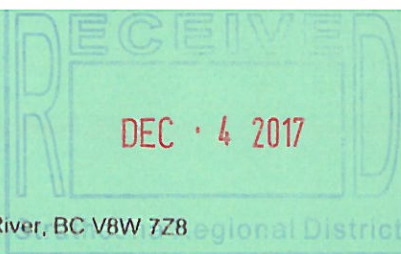
ACCOUNT NO. 012 - 130 - 263 CC1 D015

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]



DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8 Regional District

ADVANCE
CLAIM

NAME: J. ABRAM
Address: _____
Purpose of Travel: _____
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
11/30	BLINDA	CONG	SP 72 MEET	14	
12/12	"	H. BAY	OPP PRESENTATION	26	

TOTAL DISTANCE TRAVELED	40 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 26.60	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 21.60	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
Non-Commercial Accommodation	\$35/night
2. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ —
TOTAL EXPENSES (A + B)	\$ 21.60
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 21.60
Verified by:	men

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - 130 - 263 CC1 0015

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

TO ERINN

DIRECTOR EXPENSE CLAIM FORM

NOV 08 2017

ADVANCE

CLAIM

NAME:

J. ABRAM

Address:

- CORRECTION TO UBCM -

Purpose of Travel:

UBCM AS DIRECTOR

Dates of Travel:

ATTN: ERINN

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
HI ERINN: I AM ENCLOSING A ROOM NIGHT THAT I THOUGHT WAS TO BE PAID BY UBCM (AS AN EXECUTIVE MEMBER). AS YOU WILL SEE BY THE ATTACHED LETTER, I WAS WRONG AND THIS SHOULD HAVE BEEN PAID BY SRD. IN ADDITION YOU WILL SEE ATTACHED NEW/NAME, FORM RESERVATION FORS THAT I THOUGHT I CLAIMED BUT DID NOT. THE ACTUAL REC. SHOWS THEM CHARGED BUT REFUNDED, THEN CHARGED AGAIN. SO TWO RECEIPTS ARE ATTACHED					
TOTAL DISTANCE TRAVELED				KM	KM
RATE PER KM (2015 CRA rate/BL167)				\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE				\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$	—

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>387.38</u> 360.38
TOTAL EXPENSES (A + B)	\$ <u>387.38</u>
LESS ADVANCE	\$ —
ACCOUNT No. 013000549	
NET CLAIM	<u>360.38</u> \$ <u>387.38</u>
Verified by:	<u>HL</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - 130 - 320 CC1 2015

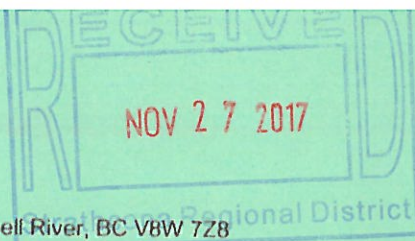
Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]~~387.38~~
360.38



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE

CLAIM

NAME:

J. ABRAM

Address:

Purpose of Travel:

AS DIRECTOR

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
NOV 11	QUATRA	HURTY	REMEMB. PRESENTATION	26	
NOV 15	"	H. BAY	BLEND	26	
NOV 15	"	PROHALL	JOINT HWY/EMER/SKTP	16	
NOV 16	"	ROAD ISL	MIN/SD72	40	36
NOV 22	"	COMM CONVENT	MT. SEYMOUR PUB. MEET	20	

TOTAL DISTANCE TRAVELED

128 KM 36 KM

RATE PER KM (2015 CRA rate/BL167)

\$0.54 / KM \$0.66 / KM

TOTAL DISTANCE EXPENSE

\$ 69.12 \$ 23.76

TOTAL EXPENSES

(\$ PAVED + \$ UNPAVED)

(A) \$ 92.88

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation

Actual Cost @
Gov't rates

Non-Commercial Accommodation

\$35/night

2. Overnight travel per diem (24 hour period)
(less meals provided)

\$75/24 hrs

3. Meal Charges (not overnight)

Breakfast - \$15
Lunch - \$20
Dinner - \$25

4. Other allowable expenses (with receipts)

Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE

(B) \$

TOTAL EXPENSES (A + B)

\$ 92.88

LESS ADVANCE

ACCOUNT No. 013000649

\$

NET CLAIM

\$ 92.88

Verified by:

RL

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

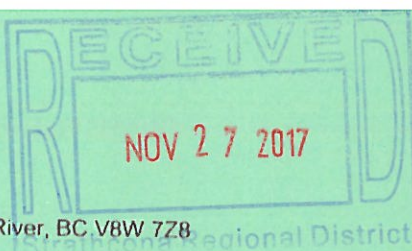
NOV/26/17

ACCOUNT NO. 012 - 130 - 263 CC1 0015

Page 2 of 2

[illegible]

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J. ABRAHAM

Address: _____

Purpose of Travel: COMMITTEE

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
<u>Nov 8</u>					
TOTAL DISTANCE TRAVELED				KM	KM
RATE PER KM (2015 CRA rate/BL167)				\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE				\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)				(A) \$	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>210.46</u>
TOTAL EXPENSES (A + B)	\$ <u>210.46</u>
LESS ADVANCE	\$ <u>—</u>
ACCOUNT No. 013000649	
NET CLAIM	\$ <u>210.46</u>
Verified by:	<u>AK</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - 130 - 263 CC1 2015

Page 2 of 2

210.46

NOV 27 2017

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V9W 7Z8

ADVANCE
CLAIM

NAME:

J. ABRAM

Address:

Purpose of Travel:

BOARD

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
11/21-22	QUADRA	VIC (RETURN)	2 FORM CHAIRS MEET'S	275 552	

TOTAL DISTANCE TRAVELED	552 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 298.08	
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 298.08	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 371.23
TOTAL EXPENSES (A + B)	\$ 669.31
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 669.31
Verified by:	<u>W.</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

NOV 26/17

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]

NOV 27 2017

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME:

J. ABRAM

Address:

Purpose of Travel:

BOARD EXP.

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
NOV 01	VIC	VANCO	FROM MIN'S TO OPP (VIC VIA SWARTZ TO VANCO)	70	
NOV 03	VANCO	QUADRA (VIA HND)	FROM OPP TO HND	222	

TOTAL DISTANCE TRAVELED	292 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 157.68	\$
TOTAL EXPENSES (PAVED + UNPAVED)	(A) \$ 157.68	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|--|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period)
(less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 957.64
TOTAL EXPENSES (A + B)	\$ 1115.32
LESS ADVANCE ACCOUNT No. 013009649	\$ —
NET CLAIM	\$ 1115.32
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - - - - - CC1

NOV 27 2017

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME:

J. ABRAM

Address:

Purpose of Travel:

BOARD

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
NOV 8	QUINTRA	CR	BRSC + BOARD	14	
NOV 23	"	"	BOARD	14	
NOV 24	"	"	SPEL. COUN	14	

TOTAL DISTANCE TRAVELLED	42 KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$ 22.68	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 22.68	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 56.80
TOTAL EXPENSES (A + B)	\$ 79.48
LESS ADVANCE	\$ —
ACCOUNT No. 013000649	
NET CLAIM	\$ 79.48
Verified by:	W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - - CC1

DIRECTOR EXPENSE CLAIM FORM

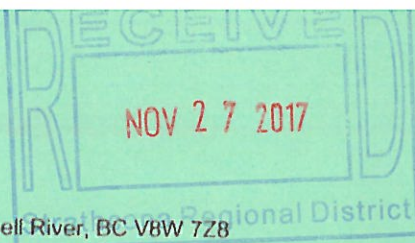
Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE

CLAIM

NAME:

J. ABRAM

Address:

Purpose of Travel:

AS DIRECTOR

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
NOV 11	QUATRA	HURTY	REMEMB. PRESENTATION	26	
NOV 15	"	H. BAY	BLEND	26	
NOV 15	"	PROHALL	JOINT HWY/EMER/SKTP	16	
NOV 16	"	ROAD ISL	MIN/SD72	40	36
NOV 22	"	COMM CONVENT	MT. SEYMOUR PUB. MEET	20	

TOTAL DISTANCE TRAVELED

128 KM 36 KM

RATE PER KM (2015 CRA rate/BL167)

\$0.54 / KM \$0.66 / KM

TOTAL DISTANCE EXPENSE

\$ 69.12 \$ 23.76

TOTAL EXPENSES

(\$ PAVED + \$ UNPAVED)

(A) \$ 92.88

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation

Actual Cost @
Gov't rates

Non-Commercial Accommodation

\$35/night

2. Overnight travel per diem (24 hour period)
(less meals provided)

\$75/24 hrs

3. Meal Charges (not overnight)

Breakfast - \$15
Lunch - \$20
Dinner - \$25

4. Other allowable expenses (with receipts)

Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE

(B) \$

TOTAL EXPENSES (A + B)

\$ 92.88

LESS ADVANCE

ACCOUNT No. 013000649

\$

NET CLAIM

\$ 92.88

Verified by:

RL

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

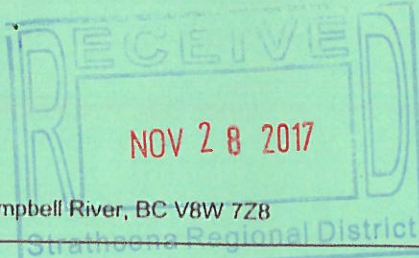
ACCOUNT NO. 012 - 130 - 263 CC1 0015

Page 2 of 2

[illegible]



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME:

J. ABRAM

Address:

Purpose of Travel:

CONSULT

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2015 CRA rate/BL167)	\$0.54 / KM	\$0.66 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | \$35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>588.060</u>
TOTAL EXPENSES (A + B)	\$ <u>588.060</u>
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ <u>588.060</u>
Verified by:	<u>RK</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - 130 - 263 CC1 2015 40.51

01-2-130 - 314 \$547.49

NOV 27/17-CE

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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