

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

ADVANCE CLAIM

**RECEIVED**

 NAME: LG. ABRAHAM

Address:

JAN 20 2021

Purpose of Travel:

Strathcona Regional District

Dates of Travel:

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE             | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|------------------|------|----|-------------------|-------------------|---------------------|
| <u>JAN 01/21</u> |      |    |                   |                   |                     |
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**PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359**

|                                                                      |                                                   |
|----------------------------------------------------------------------|---------------------------------------------------|
| 1. Commercial Accommodation                                          | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation                                      | \$35/night                                        |
| 3. Municipal Director - Overnight travel per diem (24 hour period)   | \$75/24 hrs                                       |
| Electoral Area Director - Overnight travel per diem (24 hour period) | \$125/24 hrs                                      |
| (less meals provided)                                                |                                                   |
| 3. Meal Charges (not overnight)                                      | Breakfast - \$15<br>Lunch - \$20<br>Dinner - \$25 |
| 4. Other allowable expenses (with receipts)                          | Actual Cost                                       |

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      |             |

|                                        |                      |
|----------------------------------------|----------------------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ <u>115.35</u> |
| TOTAL EXPENSES (A + B)                 | \$ <u>115.35</u>     |
| LESS ADVANCE                           | \$ <u>—</u>          |
| ACCOUNT No. 013000649                  |                      |
| <b>NET CLAIM</b>                       | \$ <u>115.35</u>     |
| 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 Bylaw #359 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

JAN 16/21

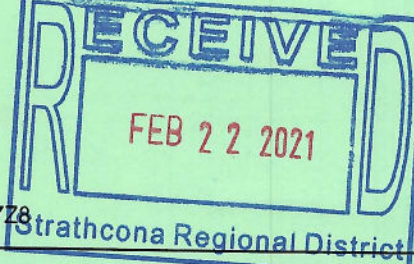
ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_

## DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]



**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE CLAIM

NAME: CL - 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 |
|------|------|----|-------------------|-------------------|---------------------|
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**PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359**

|                                                                      |                                                   |
|----------------------------------------------------------------------|---------------------------------------------------|
| 1. Commercial Accommodation                                          | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation                                      | \$35/night                                        |
| 3. Municipal Director - Overnight travel per diem (24 hour period)   | \$75/24 hrs                                       |
| Electoral Area Director - Overnight travel per diem (24 hour period) | \$125/24 hrs                                      |
| (less meals provided)                                                |                                                   |
| 3. Meal Charges (not overnight)                                      | Breakfast - \$15<br>Lunch - \$20<br>Dinner - \$25 |
| 4. Other allowable expenses (with receipts)                          | Actual Cost                                       |

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      |             |

|                                        |        |
|----------------------------------------|--------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ |
| TOTAL EXPENSES (A + B)                 | \$     |
| LESS ADVANCE                           | \$     |
| ACCOUNT No. 013000649                  | \$     |
| <b>NET CLAIM</b>                       | \$     |

Verified by: 343.29

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 Bylaw #359 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]

15/20/21

**CARRY FORWARD TO THE FRONT**

TOTAL (B) \$

343 29

336.29

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


**DIRECTOR EXPENSE CLAIM FORM**

 ADVANCE CLAIM 

|                    |       |
|--------------------|-------|
| NAME:              |       |
| 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 |
|------|------|----|-------------------|-------------------|---------------------|
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**PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359**

|                                                                      |                                                   |
|----------------------------------------------------------------------|---------------------------------------------------|
| 1. Commercial Accommodation                                          | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation                                      | \$35/night                                        |
| 3. Municipal Director - Overnight travel per diem (24 hour period)   | \$75/24 hrs                                       |
| Electoral Area Director - Overnight travel per diem (24 hour period) | \$125/24 hrs                                      |
| (less meals provided)                                                |                                                   |
| 3. Meal Charges (not overnight)                                      | Breakfast - \$15<br>Lunch - \$20<br>Dinner - \$25 |
| 4. Other allowable expenses (with receipts)                          | Actual Cost                                       |

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      |             |

|                                        |               |
|----------------------------------------|---------------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ 242.68 |
| TOTAL EXPENSES (A + B)                 | \$ 242.68     |
| LESS ADVANCE                           | \$            |
| ACCOUNT No. 013000649                  |               |
| <b>NET CLAIM</b>                       | \$ 242.68     |
| 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 Bylaw #359 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

FEB 28 / 21

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_

er, BC V8W 7Z8

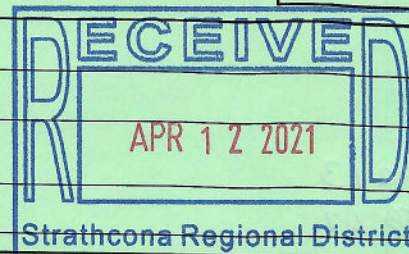
#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Co-Translator/Directors/Director Evrence Claim Jan 2020

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

ADVANCE   
CLAIM

NAME: J. AGAM  
Address: \_\_\_\_\_  
Purpose of Travel: COMMIT  
Dates of Travel: \_\_\_\_\_



**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|------|------|----|-------------------|-------------------|---------------------|
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**PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359**

|                                                                      |                                                   |
|----------------------------------------------------------------------|---------------------------------------------------|
| 1. Commercial Accommodation                                          | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation                                      | \$35/night                                        |
| 3. Municipal Director - Overnight travel per diem (24 hour period)   | \$75/24 hrs                                       |
| Electoral Area Director - Overnight travel per diem (24 hour period) | \$125/24 hrs                                      |
| (less meals provided)                                                |                                                   |
| 3. Meal Charges (not overnight)                                      | Breakfast - \$15<br>Lunch - \$20<br>Dinner - \$25 |
| 4. Other allowable expenses (with receipts)                          | Actual Cost                                       |

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      |             |

|                                        |           |
|----------------------------------------|-----------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$    |
| TOTAL EXPENSES (A + B)                 | \$ 349.17 |
| LESS ADVANCE                           | \$        |
| ACCOUNT No. 013000649                  |           |
| <b>NET CLAIM</b>                       | \$ 349.17 |

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 Bylaw #359 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]

349.17



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

**DIRECTOR EXPENSE CLAIM FORM**

 ADVANCE   
 CLAIM 

|                                                                                               |                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME: <u>J. ABRAM</u><br>Address: _____<br>Purpose of Travel: _____<br>Dates of Travel: _____ | <div style="border: 2px solid blue; padding: 10px; width: 100%;"> <div style="border: 1px solid blue; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> <b>MAY 06 2021</b> </div> </div> Strathcona Regional District |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|------|------|----|-------------------|-------------------|---------------------|
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|----------------------------------------------------------------------|---------------------------------------------------|
| <b>PURSUANT TO SRD REMUNERATION BYLAW #167 &amp; BYLAW #359</b>      |                                                   |
| 1. Commercial Accommodation                                          | Actual Cost @ Gov't rates                         |
| 2. Non-Commercial Accommodation                                      | \$35/night                                        |
| 3. Municipal Director - Overnight travel per diem (24 hour period)   | \$75/24 hrs                                       |
| Electoral Area Director - Overnight travel per diem (24 hour period) | \$125/24 hrs                                      |
| (less meals provided)                                                |                                                   |
| 3. Meal Charges (not overnight)                                      | Breakfast - \$15<br>Lunch - \$20<br>Dinner - \$25 |
| 4. Other allowable expenses (with receipts)                          | Actual Cost                                       |

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      |             |

|                                        |        |  |
|----------------------------------------|--------|--|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ |  |
| TOTAL EXPENSES (A + B)                 | \$     |  |
| LESS ADVANCE                           | \$     |  |
| ACCOUNT No. 013000649                  |        |  |
| <b>NET CLAIM</b>                       | \$     |  |
| 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 Bylaw #359 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

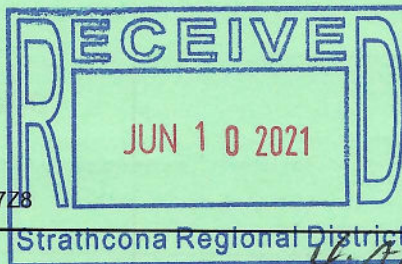
ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_

# DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]~~637.34~~  
\$470.63



**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE   
CLAIM

NAME: U. ABRAHAM  
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 |
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**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) \$125/24 hrs  
\* less meals provided

Meal Charges (not overnight) Breakfast - \$20  
Lunch - \$25  
Dinner - \$35

4. Other allowable expenses (with receipts) Actual Cost

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      | —           |

|                                        |               |
|----------------------------------------|---------------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ 347.53 |
| TOTAL EXPENSES (A + B)                 | \$ 347.53     |
| LESS ADVANCE ACCOUNT No. 01-3-000-649  | \$ —          |
| <b>NET CLAIM</b>                       | \$ 347.53     |
| 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 \_\_\_\_\_ CC2 \_\_\_\_\_

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

15/3/21



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

**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE   
CLAIM

NAME: J. ABRM  
Address: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_  
Dates of Travel: \_\_\_\_\_

**RECEIVED**  
JUL 20 2021

Strathcona Regional District

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|------|------|----|-------------------|-------------------|---------------------|
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*ALL VIRTUAL  
NO TRAVEL*

**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) \$125/24 hrs  
\* less meals provided  
Meal Charges (not overnight) Breakfast - \$20  
Lunch - \$25  
Dinner - \$35  
4. Other allowable expenses (with receipts) Actual Cost

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      | _____       |

|                                        |        |        |
|----------------------------------------|--------|--------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ | 840.46 |
| TOTAL EXPENSES (A + B)                 | \$     | 840.46 |
| LESS ADVANCE ACCOUNT No. 01-3-000-649  | \$     | _____  |
| <b>NET CLAIM</b>                       | \$     | 840.46 |
| 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 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_

# DIRECTOR EXPENSE CLAIM FORM

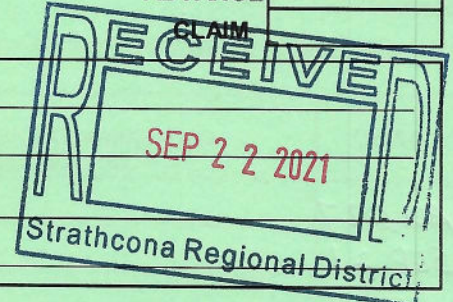
Page 2 of 2

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

| DATE                                    | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL<br>(Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT   |
|-----------------------------------------|--------------------------------------|--------------------------------------------------------|----------|
| 6/14                                    |                                      | OFFICE SOFTWARE                                        | \$189.28 |
| 6/14                                    |                                      | OFFICE COMPUTER BACK-UP                                | 235.41   |
| 6/13                                    |                                      | CELL                                                   | 166.71   |
| 7/01                                    |                                      | SAT, INTERNET                                          | 109.75   |
| 5/27                                    |                                      | SAD L.D. CHARGES                                       | 23.45    |
| 5/27                                    |                                      | OFFICE PHN                                             | 26.65    |
| 5/27                                    |                                      | FAX                                                    | 24.24    |
| 6/27                                    |                                      | FAX                                                    | 24.24    |
| 6/27                                    |                                      | SAD L.D. CHARGES                                       | 14.14    |
| 6/27                                    |                                      | OFFICE PHN                                             | 26.59    |
| <del>6/27</del>                         |                                      |                                                        |          |
|                                         |                                      |                                                        |          |
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|                                         |                                      |                                                        |          |
| CARRY FORWARD TO THE FRONT TOTAL (B) \$ |                                      |                                                        | 840.46   |

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

ADVANCE CLAIM



NAME: J. ABRAHAM

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 |
|------|------|----|-------------------|-------------------|---------------------|
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|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      | _____       |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

- Commercial Accommodation Actual Cost @ Gov't rates
- Non-Commercial Accommodation \$35/night
- Overnight travel per diem (24 hour period) \$125/24 hrs  
\* less meals provided
- Meal Charges (not overnight) Breakfast - \$20  
Lunch - \$25  
Dinner - \$35
- Other allowable expenses (with receipts) Actual Cost

|                                        |        |         |
|----------------------------------------|--------|---------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ | 1004.77 |
| TOTAL EXPENSES (A + B)                 | \$     | 1004.77 |
| LESS ADVANCE                           | \$     | _____   |
| ACCOUNT No. 01-3-000-649               |        |         |
| <b>NET CLAIM</b>                       | \$     | 1004.77 |
| Verified by:                           | mew    |         |

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

SEPT 17 / 21

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_

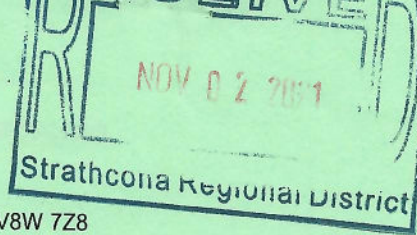


**DIRECTOR EXPENSE CLAIM FORM**

Page 2 of 2

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

| DATE                       | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL<br>(Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT               |
|----------------------------|--------------------------------------|--------------------------------------------------------|----------------------|
| AUG 27                     |                                      | ADVERTISING                                            | \$ 184.28 ✓          |
| SEP 21                     |                                      | BELT CELL CASE                                         | 35.79 ✓              |
| JUL 14                     |                                      | POSTAGE                                                | 99.23 ✓              |
| AUG 01                     |                                      | S.M. INTERNET                                          | 109.75 ✓             |
| SEP 01                     |                                      | " "                                                    | 109.75 ✓             |
| JUL 13                     |                                      | CELL                                                   | 166.71 ✓             |
| AUG 13                     |                                      | CELL                                                   | 166.71 ✓             |
| JUL 27                     |                                      | SRD LD. CHARGES                                        | 19.53 ✓              |
| JUL 27                     |                                      | FAX                                                    | 24.24 ✓              |
| JUL 27                     |                                      | OFFICE                                                 | 26.48 ✓              |
| AUG 27                     |                                      | SRD LD CHARGES                                         | 11.41 ✓              |
| AUG 27                     |                                      | FAX                                                    | 24.24 ✓              |
| AUG 27                     |                                      | OFFICE                                                 | 26.65 ✓              |
|                            |                                      |                                                        |                      |
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|                            |                                      |                                                        |                      |
| CARRY FORWARD TO THE FRONT |                                      |                                                        | TOTAL (B) \$ 1004.77 |



**DIRECTOR EXPENSE CLAIM FORM**

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

ADVANCE   
CLAIM

NAME: J. ABRAHAM  
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 |
|------|------|----|-------------------|-------------------|---------------------|
|      |      |    |                   |                   |                     |
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**PURSUANT TO SRD REMUNERATION BYLAW #167**

- Commercial Accommodation Actual Cost @ Gov't rates
- Non-Commercial Accommodation \$35/night
- Overnight travel per diem (24 hour period)  
\* less meals provided \$125/24 hrs
- Meal Charges (not overnight) Breakfast - \$20  
Lunch - \$25  
Dinner - \$35
- Other allowable expenses (with receipts) Actual Cost

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      | —           |

|                                        |        |             |
|----------------------------------------|--------|-------------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ | 532.32      |
| TOTAL EXPENSES (A + B)                 | \$     | 532.32      |
| LESS ADVANCE                           | \$     | —           |
| ACCOUNT No. 01-3-000-649               |        |             |
| <b>NET CLAIM</b>                       | \$     | 532.32      |
| Verified by:                           |        | <u>Heli</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

[Signature]

DATE

OCT 27/21

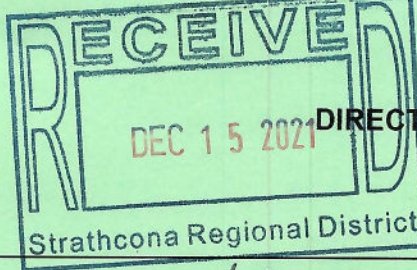
ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_

# DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

| DATE                                    | LOCATION AND DESCRIPTION<br>OF FUNCTION | EXPENSE DETAIL<br>(Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT  |
|-----------------------------------------|-----------------------------------------|--------------------------------------------------------|---------|
| 09/17                                   |                                         | POSTAGE                                                | \$ 2.04 |
| 10/01                                   |                                         | SAT INTERNET                                           | 128.57  |
| 09/27                                   |                                         | OFFICE                                                 | 26.48   |
| 89/27                                   |                                         | FAX                                                    | 24.24   |
| 09/27                                   |                                         | L.D. ON HOME PHONE                                     | 17.57   |
| 09/13                                   |                                         | CELL                                                   | 166.71  |
| 10/13                                   |                                         | CALL                                                   | 166.71  |
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|                                         |                                         |                                                        |         |
| CARRY FORWARD TO THE FRONT TOTAL (B) \$ |                                         |                                                        | 532.32  |



**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE   
CLAIM

NAME: J ABRAHAM  
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 |
|------|------|----|-------------------|-------------------|---------------------|
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**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)<br>* less meals provided | \$125/24 hrs                                      |
| Meal Charges (not overnight)                                           | Breakfast - \$20<br>Lunch - \$25<br>Dinner - \$35 |
| 4. Other allowable expenses (with receipts)                            | Actual Cost                                       |

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      | —           |

|                                        |        |         |
|----------------------------------------|--------|---------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ | 1138.86 |
| TOTAL EXPENSES (A + B)                 | \$     | 1138.86 |
| LESS ADVANCE                           | \$     | —       |
| ACCOUNT No. 01-3-000-649               |        |         |
| <b>NET CLAIM</b>                       | \$     | 1138.86 |
| Verified by:                           |        | Mew     |

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

DEC 9/21

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_

SCANNED

## DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]

1138.86



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

**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE   
CLAIM

NAME: Mr. 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 |
|------|------|----|-------------------|-------------------|---------------------|
|      |      |    |                   |                   |                     |
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**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)<br>* less meals provided | \$125/24 hrs                                      |
| Meal Charges (not overnight)                                           | Breakfast - \$20<br>Lunch - \$25<br>Dinner - \$35 |
| 4. Other allowable expenses (with receipts)                            | Actual Cost                                       |

|                                        |             |             |
|----------------------------------------|-------------|-------------|
| TOTAL DISTANCE TRAVELED                | KM          | KM          |
| RATE PER KM (2020 CRA rate/BL167)      | \$0.59 / KM | \$0.71 / KM |
| TOTAL DISTANCE EXPENSE                 | \$          | \$          |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) | (A) \$      | _____       |

|                                        |        |        |
|----------------------------------------|--------|--------|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) \$ | 156.98 |
| TOTAL EXPENSES (A + B)                 | \$     | 156.98 |
| LESS ADVANCE                           | \$     | _____  |
| ACCOUNT No. 01-3-000-649               |        |        |
| <b>NET CLAIM</b>                       | \$     | 156.98 |
| 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

*[Handwritten Signature]*

DATE

DEC 28/21

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_

# DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

| DATE   | LOCATION AND DESCRIPTION<br>OF FUNCTION | EXPENSE DETAIL<br>(Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT   |
|--------|-----------------------------------------|--------------------------------------------------------|----------|
| MAY 27 |                                         | PHONE - OFFICE                                         | \$ 26.98 |
|        |                                         | - FAX                                                  | 24.24    |
|        |                                         | SAD L.D. CHARGES                                       | 13.30    |
|        |                                         | CELL                                                   | 92.96    |
|        |                                         |                                                        |          |
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|        |                                         |                                                        |          |
|        |                                         | CARRY FORWARD TO THE FRONT TOTAL (B) \$                | 156.98   |