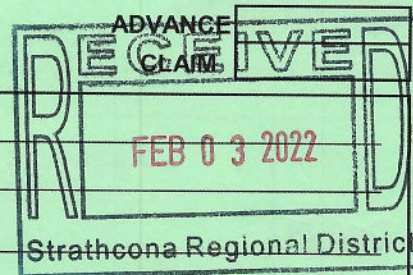


DIRECTOR EXPENSE CLAIM FORM



NAME: U 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
DEC 27			OFFICE		26.48
DEC 27			FAX		24.24
DEC 27			SRD L.D. CHARGES		32.55
JAN 13			CELL		92.96

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2021 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

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 Lunch - \$20 Dinner - \$25

4. Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	176.39
TOTAL EXPENSES (A + B)	\$	176.39
LESS ADVANCE ACCOUNT No. 013000649	\$	
NET CLAIM	\$	176.23
Verified by:		Mei

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.

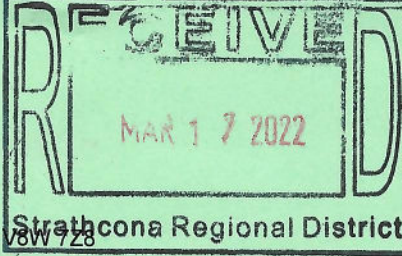
SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Page 2 of 2

176.23



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: JIM 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

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation Actual Cost @ Gov't rates

2. Non-Commercial Accommodation \$35/night

3. Overnight travel per diem (24 hour period)
* less meals provided \$125/24 hrs

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

4. Other allowable expenses (with receipts) Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	664.06
TOTAL EXPENSES (A + B)	\$	664.06
LESS ADVANCE	\$	
ACCOUNT No. 01-3-000-649		
NET CLAIM		\$ 664.06
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

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

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

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
MAR 03		OFFICE SUPPLIES	\$ 84.63 ✓
		POSTAGE	28.98 ✓
		FERRY	13.50 ✓
FEB 13		CELL	92.96 ✓
JUN 27		FAX	24.22 ✓
JUN 27		OFFICE	26.46 ✓
JUN 27		SRD L.D. CHARGES	18.27 ✓
FEB 27		FAX	24.22 ✓
FEB 27		OFFICE	26.46 ✓
FEB 27		SRD LD CHARGES	16.38 ✓
JUN 01		SAT. INTERNET	111.99 ✓
FEB 01	(CREDITS WILL BE ON NEXT BILL)	SAT. INTERNET	195.99 ✓
		CARRY FORWARD TO THE FRONT	TOTAL (B) \$ 664.06

1



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

DIRECTOR EXPENSE CLAIM FORM

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.81 / KM	\$0.73 / 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)
* less meals provided \$125/24 hrs
- Meal Charges (not overnight) Breakfast - \$20
Lunch - \$25
Dinner - \$35
- Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	153.53
TOTAL EXPENSES (A + B)	\$	153.53
LESS ADVANCE	\$	—
ACCOUNT No. 01-3-000-649		
NET CLAIM	\$	153.53
Verified by:		aw

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

APR 03/22

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

Page 2 of 2

C:\Users\mswift\Desktop\Director Expense Claim Jan 2022

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

DIRECTOR EXPENSE CLAIM FORM

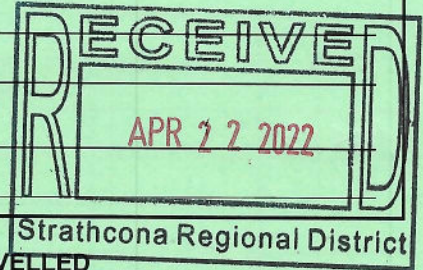
ADVANCE
CLAIM

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

PURSUANT TO SRD REMUNERATION BYLAW #167

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	_____

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	92.96
TOTAL EXPENSES (A + B)	\$	92.96
LESS ADVANCE	\$	_____
ACCOUNT No. 01-3-000-649		
NET CLAIM	\$	92.96
Verified by:		New

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

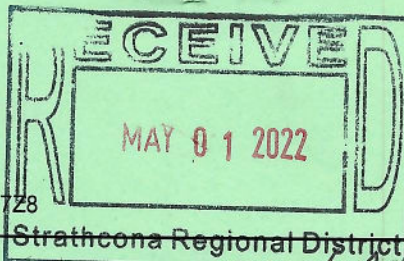
ACCOUNT NO. 012 - 130 - 314 CC1 _____ CC2 _____

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 (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
MAR 13		CELL	\$ 92.96
		CARRY FORWARD TO THE FRONT	TOTAL (B) \$ 92.96



DIRECTOR EXPENSE CLAIM FORM

ADVANCE

CLAIM

Strathcona Regional District

NAME:

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES	(A) \$	
(\$ PAVED + \$ UNPAVED)		

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

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	202.55
TOTAL EXPENSES (A + B)	\$	202.55
LESS ADVANCE	\$	
ACCOUNT No. 01-3-000-649		
NET CLAIM	\$	202.55

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 _____

#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: _____

Dates of Travel: _____

RECEIVED

JUN 22 2022

Strathcona Regional District

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
MAY 02	COMPUTER REPAIRS			14	

TOTAL DISTANCE TRAVELED	14 KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$ 8.54	\$
TOTAL EXPENSES	(A) \$ 8.54	
(\$ PAVED + \$ UNPAVED)		

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation Actual Cost @ Gov't rates

2. Non-Commercial Accommodation \$35/night

3. Overnight travel per diem (24 hour period) \$125/24 hrs

* less meals provided

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

4. Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 516.10
TOTAL EXPENSES (A + B)	\$ 51 524.64
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 524.64
Verified by:	Mai

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

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

[illegible]

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

DIRECTOR EXPENSE CLAIM FORM

NAME: <u>J. ABRAM</u> Address: _____ Purpose of Travel: <u>CONSTIT</u> Dates of Travel: _____	ADVANCE CLAIM RECEIVED AUG 09 2022 Strathcona Regional District
---	---

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

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

PURSUANT TO SRD REMUNERATION BYLAW #167

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	_____

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>1001.98</u>
TOTAL EXPENSES (A + B)	\$ <u>1001.98</u>
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$ _____
NET CLAIM	\$ <u>1001.98</u>
Verified by:	<u>Hei</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 _____ 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 (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
AUG 03		OFFICE SUPPLIES	\$ 418.69
	NOTE: STORE ERROR ON FIRST BILL / CREDIT SHOWN ON SECOND		
JUL 01		SAT. INTERNET	132.72
AUG 01		SAT INTERNET	132.72
JUN 27		OFFICE PHONE	26.62
JUN 27		FAX	24.38
JUN 27		GRD L.D. CHARGES	6.79
JUN 13		CELL	92.96
JUN 13		CELL	92.96
JUN 27		FAX	24.38
JUN 27		OFFICE	26.80
JUN 27		GRD L.D. CHARGES	22.96
CARRY FORWARD TO THE FRONT			TOTAL (B) \$ 1001.99



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

DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: W. 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

PURSUANT TO SRD REMUNERATION BYLAW #167

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 307.42
TOTAL EXPENSES (A + B)	\$ 307.42
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 307.42
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

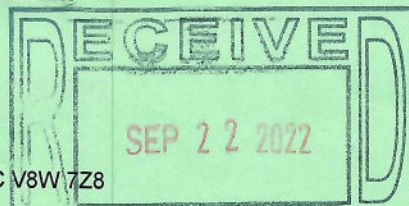
SEPT 5/2022

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

DIRECTOR EXPENSE CLAIM FORM

#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: Strathcona Regional District

Address: _____

Purpose of Travel: _____

Dates of Travel: _____

UBCM 2022 IN PERSON

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
SEP 11	QUADRA TO WHISTLER		UBCM (ONE WAY)	270.00	
SEP 17	WHISTLER TO QUADRA		UBCM (ONE WAY)	270.00	

TOTAL DISTANCE TRAVELED	540	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM	
TOTAL DISTANCE EXPENSE	329.40	\$	\$
TOTAL EXPENSES	(A) \$	329.40	
(\$ PAVED + \$ UNPAVED)			

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) \$	3330.33
TOTAL EXPENSES (A + B)	\$	3659.73
LESS ADVANCE	\$	
ACCOUNT No. 01-3-000-649		
NET CLAIM	\$	3659.73
Verified by:		Hevi

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

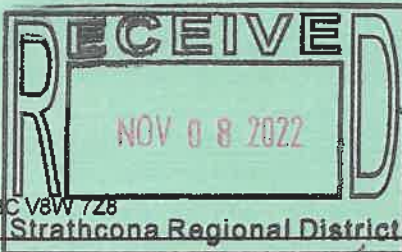
SEPT. 18 / 2022

ACCOUNT NO. 012 - 130 - 320 CC1 DOIS CC2 _____

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

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
SEP 11	TRAVEL TO UBCM (SUN)	PER DIEM MINUS BRKFST	\$105.00
		FERRY TO ^{ITORSBATOR DAY} HAWAII	82.25
	ACCOMMODATION FROM 9/11 THRU 9/16 + PARKING DAILY - TOTL		2446.38
SEP 12	UBCM (MON)	(AS PER THIS FORM) PER DIEM	125.00
SEP 12	UBCM (TUES)	PER DIEM MINUS LUNCH	100.00
SEP 13	UBCM (WED)	PER DIEM MINUS LUNCH	100.00
SEP 14	UBCM (THURS)	PER DIEM MINUS LUNCH + DIN	^{65.00} 100.00
SEP 15	UBCM (FRI)	PER DIEM MINUS LUNCH + DIN	125.00
SEP 16	TRAVEL HOME FROM UBCM (SAT)	PER BRK / LUN / DIN	80.00
		FERRY TO NUKUNONO	82.25
		FERRY TO BUAIRA	19.45
		(SEE OVER FOR MILEAGE)	
	NOTE:		
	* DID NOT EAT ANY CONTINENT. BRKFST'S. MUST HAVE MY OWN SPECIAL BRKFST FOR MED. REASONS AS PER ALL PREVIOUS CLAIMS)		
CARRY FORWARD TO THE FRONT TOTAL (B) \$			3330.33

3330.33



DIRECTOR EXPENSE CLAIM FORM

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

ADVANCE
CLAIM

Strathcona Regional District

NAME: LT. A.B. 2AM

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

PURSUANT TO SRD REMUNERATION BYLAW #167

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

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>489.82</u>
TOTAL EXPENSES (A + B)	\$ <u>569.60</u>
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ <u>569.60</u> <u>489.82</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

NOV 03/22

ACCOUNT NO. 012 - 130 - CC1 CC2

Page 2 of 2

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

[illegible]

489.82



DIRECTOR EXPENSE CLAIM FORM

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

ADVANCE
CLAIM

NAME: J. A. GARR
Address: _____
Purpose of Travel: CONSTIT.
Dates of Travel: (PROBATIONAL NEEDED)

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

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

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation Actual Cost @ Gov't rates

2. Non-Commercial Accommodation \$35/night

3. Overnight travel per diem (24 hour period)
* less meals provided \$125/24 hrs

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

4. Other allowable expenses (with receipts) Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	_____

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	96.02 2.05
TOTAL EXPENSES (A + B)	\$	96.02
LESS ADVANCE	\$	_____
ACCOUNT No. 01-3-300-649		
NET CLAIM	\$	96.02 2.05

Verified by: AR

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 CC2 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]

2.05