



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

DIRECTOR EXPENSE CLAIM FORM

ADVANCE	
CLAIM	

NAME: MICHELE BABCHUK
 Address: [REDACTED]
 Purpose of Travel: LGLA
 Dates of Travel: JAN 30/2018 - FEB 3/2018

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 (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

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)	\$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) \$ 745.57
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 01300049	
NET CLAIM	\$ 745.51
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.

Michele Babchuk
SIGNATURE OF PERSON MAKING CLAIM

FEB 6/2018
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____



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

DIRECTOR EXPENSE CLAIM FORM

ADVANCE	
CLAIM	

NAME: MICHELE BABCIUK

Address: [REDACTED]

Purpose of Travel: CTI - PRINCE RUPERT

Dates of Travel: MAR 14 - MAR 16th

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 (2016 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

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)	\$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. 013000849	\$
NET CLAIM	\$ <u>414.68⁴⁸</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.

Michele Babciuk
SIGNATURE OF PERSON MAKING CLAIM

Mar 19/2018
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____



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

ADVANCE	
CLAIM	

NAME: MICHELE BABCHUK

Address: [REDACTED]

Purpose of Travel: REGIONAL DISTRICT CHAIR/CAO FORUM

Dates of Travel: MAR 20-21/2018

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 (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

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)	\$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. 013000549	\$
NET CLAIM	\$ <u>157.93</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.

M Babchuk
SIGNATURE OF PERSON MAKING CLAIM

Mar 22/2018
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

