

FEB 28 2024

DIRECTOR EXPENSE CLAIM FORM

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Strathcona Regional District

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

ADVANCE

CLAIM

NAME:

Mark Baker

ADDRESS:

[REDACTED]

PURPOSE OF TRAVEL:

MEETING

DATES OF TRAVEL:

01/24/24 02/28/24

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
01/24/24	STAYWARD BOARD MEETING	CR	BOARD MEETING	141	
02/21/24	STAYWARD	CR	AGENDA REVIEW	141	
02/28/24	STAYWARD	CR	BOARD MEETING	141	

TOTAL DISTANCE TRAVELED	423 KM	KM
RATE PER KM (2024 CRA rate/BL167)	\$0.70 KM	\$0.82 / KM
TOTAL DISTANCE EXPENSE	\$ 296.10	\$
TOTAL EXPENSES	(A) \$ 296.10	
(\$ 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) \$ 420
TOTAL EXPENSES (A + B)	\$ 716.10
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 716.10
Verified by:	<i>Mei</i>

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

DIRECTOR SIGNATURE

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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

DIRECTOR EXPENSE CLAIM FORM

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ADVANCE

CLAIM

NAME:

MARK BAKER

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
03/24/24	Styrum	VICTORIA	CONFERENCE	339	
03/26/24	VICTORIA	STYRUM	" "	339	

TOTAL DISTANCE TRAVELED

678 KM

KM

RATE PER KM (2024 CRA rate/BL167)

\$0.70 KM

\$0.82 / KM

TOTAL DISTANCE EXPENSE

\$ 474.60

TOTAL EXPENSES

(\$ PAVED + \$ UNPAVED)

(A) \$ 474.60

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) \$

375 -

TOTAL EXPENSES (A + B)

\$

849.60

LESS ADVANCE

ACCOUNT No. 01-3-000-649

\$

NET CLAIM

\$

849.60

Verified by:

Hevi

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DIRECTOR SIGNATURE

DATE

ACCOUNT NO. 012 -

CC1

CC2

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APR 24 2024

DIRECTOR EXPENSE CLAIM FORM

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Strathcona Regional District

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

ADVANCE

CLAIM

NAME:

Mark Bailer

ADDRESS:

[REDACTED]

PURPOSE OF TRAVEL:

CONFERENCE

DATES OF TRAVEL:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
<i>03/27/24</i>	<i>SAYWARD</i>		<i>FLA</i>	<i>307</i>	
<i>03/28/24</i>			<i>FLA</i>	<i>307</i>	
<i>03/29/24</i>					
<i>01/17/24</i>			<i>Truck Loggers</i>	<i>307</i>	
<i>01/20/24</i>			<i>Convention</i>	<i>307</i>	

TOTAL DISTANCE TRAVELED

614 KM

KM

RATE PER KM (2024 CRA rate/BL167)

\$0.70 KM

\$0.82 / KM

TOTAL DISTANCE EXPENSE

\$ *429.80*

TOTAL EXPENSES

(A) \$

(\$ 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) \$ *429.80*

TOTAL EXPENSES (A + B)

\$ *429.80*

LESS ADVANCE

\$

ACCOUNT No. 01-3-000-649

NET CLAIM

\$ *429.80*

Verified by:

mei

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DIRECTOR SIGNATURE

DATE

ACCOUNT NO. 012 -

CC1

CC2

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APR 24 2024

DIRECTOR EXPENSE CLAIM FORM

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Strathcona Regional District

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

ADVANCE

CLAIM

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
04/11/24	SAYWARD	VICTORIA	AVICC	339	
04/14/24	VICTORIA	SAYWARD	AVICC	339	

TOTAL DISTANCE TRAVELED	678 KM	KM
RATE PER KM (2024 CRA rate/BL167)	\$0.70 KM	\$0.82 / KM
TOTAL DISTANCE EXPENSE	\$ 474.60	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 474.60	

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) \$ 500.00
TOTAL EXPENSES (A + B)	\$ 474.60
LESS ADVANCE	\$ 974.60
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 974.60
Verified by:	Mun

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

DIRECTOR SIGNATURE

DATE

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

CLAIM

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
06/05/24			AWAY FCM	113	
06/06/24			AIRPORT		
06/07/24					
06/08/24			AWAY FCM		
			RETURN HOME	113	

TOTAL DISTANCE TRAVELED

223 KM

KM

RATE PER KM (2024 CRA rate/BL167)

\$0.70 KM

\$0.82 / KM

TOTAL DISTANCE EXPENSE

\$ 156.10

\$

TOTAL EXPENSES

(\$ PAVED + \$ UNPAVED)

(A) \$

156.10

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) \$

500

TOTAL EXPENSES (A + B)

\$

656.10

LESS ADVANCE

\$

ACCOUNT No. 01-3-000-649

NET CLAIM

\$

Verified by:

mei

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DIRECTOR SIGNATURE

DATE

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

DIRECTOR EXPENSE CLAIM FORM

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ADVANCE

CLAIM

NAME:

Mark Baker

ADDRESS:

[REDACTED]

PURPOSE OF TRAVEL:

DATES OF TRAVEL:

09/15/24 09/25/24

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
<i>09/15/24</i>	<i>SAYWARD</i>	<i>COURTENAY</i>	<i>UBCM</i>	<i>134</i>	
<i>09/20/24</i>	<i>COURTENAY</i>	<i>SAYWARD</i>	<i>UBCM</i>	<i>124</i>	
<i>09/24/24</i>	<i>SAYWARD</i>	<i>CAMPBELL</i>	<i>BOARD MEETING</i>	<i>154</i>	

TOTAL DISTANCE TRAVELED

402 KM

KM

RATE PER KM (2024 CRA rate/BL167)

\$0.70 KM

\$0.82 / KM

TOTAL DISTANCE EXPENSE

\$

\$

TOTAL EXPENSES

(\$ PAVED + \$ UNPAVED)

(A) \$

281.40

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) \$

480

TOTAL EXPENSES (A + B)

\$

961.40

LESS ADVANCE

\$

ACCOUNT No. 01-3-000-649

NET CLAIM

961.40
\$ 281.40

Verified by:

Mew

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

DIRECTOR SIGNATURE

[Signature]

DATE

Sept 25/24

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
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DIRECTOR EXPENSE CLAIM FORM

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