Strathcona
REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Alex Bernier **DATE:** 09/11/2025

ADDRESS:

PURPOSE OF CLAIM: FireSmart Crew Member Mileage - May to September 2025

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
	See attached documents for specific details / schedule		573.5	
			573.2	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	~~573.5~~	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 412.92	$ 0.00
		(a)	(b)	(c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates

2. Non-Commercial Accommodations => $35/night

3. Per Diem & Meal Allowance => $125/day

Rate Breakdown:

Breakfast -> $20
Lunch -> $25
Dinner -> $35
Incidentals -> $45 (for trips in excess of 24 hrs only)

4. All other expenses => Actual Cost

(a+b+c)

TOTAL EXPENSES	$ 412.92
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 412.92

"I hereby request reimbursement of these expenses and certify that they were incurred as a result of travel on Strathcona Regional District business and that I will not be reimbursed for them by any other party."

See email chain attached — 09/22/2025

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	Account No.	Vendor No.

S. Koopman +