

STAFF TRAVEL FORM

301 - 990 Cedar Street Campbell River B.C. V9W 7Z8

ADVANCE ☐

CLAIM ☒

NAME: Tara Boyd DATE: Oct 8, 2024

Address: [REDACTED]

Purpose of Travel: BC Fit 2024 Conference

Dates of Travel: Oct 5+6 2024

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Oct 6, 2024	Richmond (Minoru Center)	Per Diem	\$75.00

TOTAL \$75.00 \$0.00

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Per Diem and Meal Allowance	\$75/day
Rate breakdown	
Breakfast - \$15	
Lunch - \$20	
Dinner - \$25	
Incidentals - \$15 (for trips in excess of 24 hours only)	
4. All other expenses	Actual Cost

CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B)	\$0.00
TOTAL EXPENSES (A + B)	\$0.00
LESS ADVANCE	
ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$75.00 \$0.00

"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."

[Signature]

SIGNATURE OF PERSON MAKING CLAIM

Oct 8/24

DATE

APPROVED FOR PAYMENT <u>[Signature]</u>	01-2640-320 ACCOUNT No.	VENDOR No.
---	----------------------------	------------