Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
USW STAFF

NAME: Angela Bruining **DATE:** 11/13/2023

ADDRESS:

PURPOSE OF CLAIM: Island Fitness Coference

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
10/28/2023	Dinner	25.00		
10/29/2023	Breakfast, Lunch, Dinner, incedentals	75.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 100	0	0
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 100.00	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 100.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 100.00

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 => $75/day**
   Rate Breakdown:
   - Breakfast -> $15
   - Lunch -> $20
   - Dinner -> $25
   - Incidentals -> $15 (for trips in excess of 24 hrs only)
4. **All other expenses => Actual Cost**

"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 OF PERSON MAKING CLAIM — 11/13/2023 DATE

Approved for Payment	Account No. 01-2-640-~~319~~ 320	Vendor No.