

STAFF EXPENSE CLAIM FORM
USW STAFF

NAME: Cheri Millns

DATE: May 7, 2025

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Travel expense to attend conference

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
<u>April 28/29</u>	<u>Ferry to conference</u>	<u>20.50</u>		
SUB-TOTAL		<u>\$ 20.50</u>	0	0
RATE/KM		n/a	\$ 0.72	\$ 0.84
TOTAL CLAIM		<u>\$ 20.50</u>	\$ 0.00	\$ 0.00

(a) (b) (c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$75/day
Rate Breakdown:
Breakfast -> \$15
Lunch -> \$20
Dinner -> \$25
Incidentals -> \$15 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

TOTAL EXPENSES	\$ <u>20.50</u>
Less Advance Acct 01-3-000-649	\$
NET CLAIM	\$ <u>20.50</u>

"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: [Signature]

DATE: May 7, 2025

Approved for Payment	Account No.	Vendor No.
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