

STAFF EXPENSE CLAIM FORM

ADVANCE ☐

CLAIM ☒

X

NAME: Kelly Clark

DATE: Jan 13, 2021

Address: 990 Cedar St. Campbell River BC V9W 7Z8

Purpose of Claim: Staff training

DATE	DESCRIPTION OF EXPENSE	AMOUNT
Nov 26, 2020	Canadian Payroll Association year end training - evening session 3-7:30pm PST	35.00
	meal allowance	

TOTAL

35.00

\$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 | \$125/day |
| Rate breakdown | |
| Breakfast - \$20 | |
| Lunch - \$25 | |
| Dinner - \$35 | |
| Incidentals - \$45 (for trips in excess of 24 hours only) | |
| 4. All other expenses | Actual Cost |

CARRY FORWARD OF EXPENSES (B)

\$0.00

TOTAL EXPENSES (A + B)

\$0.00

LESS ADVANCE

ACCOUNT No. 01-3-000-649

\$0.00

NET CLAIM

35.00 \$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 OF PERSON MAKING CLAIM

DATE

APPROVED FOR
PAYMENT

01-2-113-320
ACCOUNT No.

VENDOR No.