



**PAYMENT REQUISITION**

Date AUG 3/2018  
 Payable To KELLY CLARK  
 Mailing Address % 301-990 CEDAR ST  
CR BC  
 Telephone \_\_\_\_\_ Date Required NEXT AP RUN  
 Requested By HC Department FINANCE

Account Number	Cost Centre	Details	Amount
01-2-113-319	E960	CPABC FALL CONFERENCE REGISTRATION	1050.00
<b>For Finance Department Use:</b> Vendor No. _____ Vendor HST/GST No. _____			<b>Sub Total</b> <b>GST</b> 52.50 <b>PST</b> <b>Total</b> 1102.50

Payment to be: Mailed  Picked Up  Return to Requestor  Attachments / Covering Letter Required Yes  No

I certify that these goods and/or services are required for the operations of the Regional District and I approve this payment.

Signature *MC Clark* Date August 3, 2018



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

**STAFF TRAVEL FORM**

ADVANCE

CLAIM

**NAME:** Kelly Clark **DATE:** Oct 16 2018

**Address:** 301 - 990 Cedar St Campbell River BC V9W 7Z8

**Purpose of Travel:** CPA BC Fall Summit Victoria BC

**Dates of Travel:** Sept 25-28, 2018

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Sep 25 2018	CPA BC Fall Summit Victoria BC	dinner and incidental per diem	\$40.00
Sep 25 2018	CPA BC Fall Summit Victoria BC	Non commercial accommodation	\$35.00
Sep 26 2018	CPA BC Fall Summit Victoria BC	Breakfast, dinner and incidental per diem	\$55.00
Sep 26 2018	CPA BC Fall Summit Victoria BC	Non commercial accommodation	\$35.00
Sep 27 2018	CPA BC Fall Summit Victoria BC	Dinner and incidental per diem	\$40.00
Sep 27 2018	CPA BC Fall Summit Victoria BC	Non commercial accommodation	\$35.00
Sep 26-28 2018	Parking Victoria Conference Centre	3 days @ \$17/day	\$51.00
<b>TOTAL</b>			<b>\$291.00</b>

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)	\$303.38
TOTAL EXPENSES (A + B)	\$594.38
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$0.00
<b>NET CLAIM</b>	<b>\$594.38</b>

"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

Oct 16/2018

DATE

APPROVED FOR PAYMENT	ACCOUNT No. 01-2-113-320 E967	VENDOR No. CLAKEL1
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