

STAFF TRAVEL FORM

ADVANCE ☐

CLAIM ☒

NAME:	<u>Ruth Depew</u>	DATE:	<u>OCT 2 2019</u>
Address:			
Purpose of Travel:	<u>WSIT Recert</u>		
Dates of Travel:	<u>Friday October 4</u>		

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
04-Oct	Victoria WSIT Recert	Meals	\$75.00

TOTAL \$75.00

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)	307.40	\$0.00
TOTAL EXPENSES (A + B)	382.40	\$75.00
LESS ADVANCE		
ACCOUNT No 01-3-000-849	< 49.34 >	\$0.00
NET CLAIM	333.06	\$75.00

651
18-21

"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	ACCOUNT No. <u>01-2-640-319</u>	VENDOR No.
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330

C:\Users\christison\Desktop\Copy of SRD Staff Travel Form 2019\Staff back

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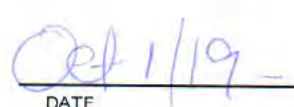
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Lunch - \$20	
Dinner - \$25	
Incidentals - \$15 (for trips in excess of 24 hours only)	
4. All other expenses	Actual Cost

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

"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 	ACCOUNT No. <u>01-2-640-319</u>	VENDOR No. <u>320</u>
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