Strathcona
REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Mark Baker
ADDRESS: [redacted]
PURPOSE OF TRAVEL: T.L.A and COW
DATES OF TRAVEL: JAN 13-26 JAN 21-26

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
JAN 13/26	Sayward	Campbell	TLA	74	
JAN 16/26	Campbell	Sayward	TLA	74	
JAN 21/26	Sayward	Campbell	C.O.W	74	
JAN 21/26	Campbell	Sayward	COW	74	

ELED	296 KM	KM
rate/BL167)	$0.721 KM	$0.84 / KM
ISE	$ 0.73	$
	216.08. (A) $	

XPENSES FROM REVERSE	(B) $ 529.30.
B)	$
-649	$
CLAIM	$ 745.38
	Verified by: MVB

125.00+
125.00+
125.00+
125.00+
500.00*+

500.00×
0.05÷
1.05=
23.81*+

23.81+
500.00−
476.19*+

per Diem

216.08×
0.05÷
1.05=
10.29*+

10.29+
216.08−
205.79*+

kms.

23.81+
10.29+
34.10*+

34.10+
745.38−
711.28*+

I hereb... were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detaile... d for them by any other party.

DIRECTOR SIGNATURE

JAN 21-26
DATE

Entered By MVB

ACCOUNT NO. 012 - 112 - 320 CC1 D020 CC2 ____
FOR FINANCE USE ONLY

attended on behalf of Board. Yes

G:\Finance\Forms\Fillable Forms

Strathcona
REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Mark Baker
ADDRESS: [redacted]
PURPOSE OF TRAVEL:
DATES OF TRAVEL: FEB 11/26 - FEB 13/26

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
FEB 11/26	SAYWARD	NANAIMO		229	
FEB 13/26	NANAIMO	SAYWARD		229	
Feb 25/26	SAYWARD	CAMPBELL RIVE		156.	

TOTAL DISTANCE TRAVELED	614 ~~614~~ KM	KM
RATE PER KM (2025 CRA rate/BL167)	$0.73 / KM	$0.85 / KM
TOTAL DISTANCE EXPENSE 448.22	$ ~~334~~	$
TOTAL EXPENSES ($ PAVED + $ UNPAVED)	(A) $ ~~334~~ 448.22.	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	$125/24 hrs
Meal Charges (not overnight)	Breakfast - $20 Lunch - $25 Dinner - $35
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) $ 500
TOTAL EXPENSES (A + B)	$ ~~834~~ ~~834~~ 948.22
LESS ADVANCE ACCOUNT No. 01-3-000-649	$
NET CLAIM	$ ~~834~~ 948.22
	Verified by:

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

DIRECTOR SIGNATURE

FEB 25/26.
DATE

ACCOUNT NO. 012 - 112 - 320 CC1 _____ CC2 _____
FOR FINANCE USE ONLY

Strathcona
REGIONAL DISTRICT

DIRECTOR EXPENSE CLAIM FORM

990 Cedar Street, Campbell River, BC V8W 7Z8

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT ($)
FEB 10/26	NANAIMO COURT	MEALS	125
FEB 11/26	"	"	125
FEB 12/26	"	"	125
FEB 13/26	"	MEALS	125
		CARRY FORWARD TO THE FRONT TOTAL (B) $	0.00

Strathcona
REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Mark Rogers
ADDRESS: [redacted]
PURPOSE OF TRAVEL: FCM
DATES OF TRAVEL: June 03/26 - June 8/26

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
06/03/26	Stayward	Courtenay	FCM	126	
06/08/26	Courtenay	Stayward	FCM	126	

TOTAL DISTANCE TRAVELED	252 KM	KM
RATE PER KM (2025 CRA rate/BL167)	$0.73 / KM	$0.85 / KM
TOTAL DISTANCE EXPENSE	$ 183.96	$
TOTAL EXPENSES ($ PAVED + $ UNPAVED)	(A) $ 183.96	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	$125/24 hrs
Meal Charges (not overnight)	Breakfast - $20 Lunch - $25 Dinner - $35
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) $ 605.00 ~~615.00~~
TOTAL EXPENSES (A + B)	$ ~~798.60~~ 788.96
LESS ADVANCE ACCOUNT No. 01-3-000-649	$
NET CLAIM	$ ~~798.60~~ 788.96
	Verified by:

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

DIRECTOR SIGNATURE

June 10-26
DATE

ACCOUNT NO. 012 - 100 - 320 CC1 D020 CC2 _____
FOR FINANCE USE ONLY

Strathcona
REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT ($)
06/03/26	FCM	LUNCH & DINNER	60.00
06/04/26	FCM		125-
06/05/26	"		125-
06/06/26	"		125-
06/07/26	"		125-
06/08/26	FCM		45-
			605.00
			~~615-~~
		CARRY FORWARD TO THE FRONT TOTAL (B) $	0.00