Strathcona
REGIONAL DISTRICT

301-990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM

NAME: Jennifer Barber **DATE:** OCT. 21/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: TRAVEL EXPENSES

EXPENSES

Date	Description of Expense	Subtotal	GST	Total
2026-07-02	Lunch Tahsis, inspections	$ 25.00		$ 25.00
2026-07-15	Lunch Gold River, inspections	$ 25.00		$ 25.00
2026-07-30	Lunch Sayward, inspections	$ 25.00		$ 25.00
2026-08-28	Lunch Tahsis, inspections	$ 25.00		$ 25.00
2026-09-23	Lunch Tahsis inspections	$ 25.00		$ 25.00
2026-10-14	Lunch Gold River Tahsis inspections	$ 25.00		$ 25.00
2026-10-20	Lunch Gold River inspections	$ 25.00		$ 25.00
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 175.00	$ 0.00	$ 175.00

MILEAGE

Date	Details of Travel (attach Google Map Printout; or equivalent)		Kilometers Traveled Unpaved	Paved
FORMULAS - PLEASE LEAVE AS IS		TOTAL KM	0.0	0.0
		RATE/KM	$ 0.85	$ 0.73
		SUBTOTAL	$ -	$ -
		GST	$ -	$ -
		SUBTOTAL	$ $ 0.00	$ $ 0.00

REFER TO PURCHASING POLICY FOR CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates
2. Non-Commercial Accommodations => $35/night
3. Per Diem & Meal Allowance => $115/day
   Maximum Rate Breakdown:
   - Breakfast -> $20
   - Lunch -> $25
   - Dinner -> $35
   - Incidentals -> $35 (for trips in excess of 24 hrs only)
4. All other expenses => Actual Cost

SUBTOTAL	$ 175.00
GST	$ 0.00
TOTAL	$ 175.00

GST 8.33
166.67

(yes)

"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. 21/2026
DATE

Approved for Payment	01-2-285-320 Account No.	Vendor No.

Entered by Mevi