Strathcona REGIONAL DISTRICT

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

# STAFF EXPENSE CLAIM FORM
**EXEMPT STAFF**

**NAME:** Jacob Blanchard **DATE:** 04/17/2026

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:**

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 04/15/2026 | Dinner for Quadra OCP meeting | 35 | | |
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| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 35 | 0 | 0 |
| | RATE/KM | n/a | $ 0.73 | $ 0.85 |
| | TOTAL CLAIM | $ 35.00 (a) | $ 0.00 (b) | $ 0.00 (c) |

**REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS**

1. **Commercial Accommodation => Actual Cost @ Gov't Rates**
2. **Non-Commercial Accommodations => $35/night**
3. **Per Diem & Meal Allowance => $125/day**
   Rate Breakdown:
   - Breakfast -> $20
   - Lunch -> $25
   - Dinner -> $35
   - Incidentals -> $45 (for trips in excess of 24 hrs only)
4. **All other expenses => Actual Cost**

| | |
|---|---|
| **TOTAL EXPENSES (a+b+c)** | $ 35.00 |
| **Less Advance Acct 01-3-000-649** | $ |
| **NET CLAIM** | $ 35.00 |

"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."

J. Blanchard — SIGNATURE OF PERSON MAKING CLAIM

April 22 2026 — DATE

| | | |
|---|---|---|
| Approved for Payment [signature] | 01-2-500-320 N265 Account No. | Vendor No. NA |