



NAME: PATRICIA BRAHAM

DATE: SEPT. 21/26

Address:

Purpose of Claim:

TRAINING MILEAGE

area C

Date	Description (include from & to for km's travelled)	Kilometers Traveled		Meal Allowance	Other expense
		Paved	Unpaved		
SEPT 21		20			
		19.6			
	01-2-158-290 A001 - 50%		6.81		
	01-2-640-290 A001 - 50%		6.81		
	SUB-TOTAL	20		\$	\$
	RATE/KM	\$ 0.73	\$ 0.85	n/a	n/a
	TOTAL CLAIM	\$ 14.60	\$	\$	\$

14.30

TOTAL (a+b+c+d)	\$ 14 30
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$$\begin{array}{r} \text{GST.68} \\ \hline 13.62 \end{array}$$

NET CLAIM	\$ 1430
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REFER TO EMPLOYMENT OFFER LETTER FOR TRAVEL CLAIM EXPECTATIONS	
1. Accomodation	Provided
2. Meal Allowance	
Rate Breakdown	
Breakfast	\$20
Lunch	\$25
Dinner	\$35
3. All other expenses	Actual cost, provide receipts

"I hereby request payment for expenses incurred as an election worker for the Strathcona Regional District and that I will not be reimbursed for them by any other party."

SIGNATURE OF PERSON MAKING CLAIM

Entered by Mevi

Sep 21/24

DATE _____

Reviewed & Approved for Payment	Presiding Election Official	 Chief Election Officer	listed above Account No.	Vendor No.
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ELECTION OFFICIAL EXPENSE CLAIM FORM

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

NAME:

PATRICIA BRAHAM

DATE:

OCT. 17/26

Address:

[REDACTED]

Purpose of Claim:

ELECTION

Quadra

Date	Description (include from & to for km's travelled)	Kilometers Traveled		Meal Allowance	Other expense
		Paved	Unpaved		
Oct. 16/18	RETURN MILEAGE	38.4			
Oct. 16	FERRY				23.35
Oct. 17	2 dinner			YES	
	1 lunch			135.00	
	2 breakfast				
	01-2-158-290 1001	88.75			
	01-2-640-290 1001	88.75			
	SUB-TOTAL	38.4		\$135.00	\$23.35
	RATE/KM	\$0.73	\$0.85	n/a	n/a
	TOTAL CLAIM	\$28.03	\$	\$	\$

(a)

(b)

(c)

(d)

REFER TO EMPLOYMENT OFFER LETTER FOR TRAVEL CLAIM EXPECTATIONS

- Accommodation Provided
- Meal Allowance
Rate Breakdown
Breakfast \$20 X 2
Lunch \$25
Dinner \$35 X 2
- All other expenses Actual cost, provide receipts

TOTAL (a+b+c+d) \$186.38

GST 8.88
177.50

NET CLAIM \$186.38

"I hereby request payment for expenses incurred as an election worker for the Strathcona Regional District and that I will not be reimbursed for them by any other party."

SIGNATURE OF PERSON MAKING CLAIM

DATE

Reviewed & Approved for Payment	Presiding Election Official	Chief Election Officer	Account No.	Vendor No.
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