



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

**STAFF EXPENSE CLAIM FORM
EXEMPT STAFF**

NAME: Shayla Burnham

DATE: 04/20/2026

ADDRESS:



PURPOSE OF CLAIM: New Website Launch - Dinner (APR. 12/26)

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
		35		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 35	0	0
	RATE/KM	n/a	\$ 0.73	\$ 0.85
	TOTAL CLAIM	\$ 35.00	\$ 0.00	\$ 0.00

(a) (b) (c)
(a+b+c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

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

TOTAL EXPENSES	\$ 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."

SIGNATURE OF PERSON MAKING CLAIM

DATE: 04/20/2026

Approved for Payment		Account No.	Vendor No.
Elaine Popove		web site code	