2847

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Lisa Campbell

DATE: 08 BL ~~09~~/27/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: work car not available- had to use own car for meeting

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
~~09/27/2026~~	From SAR building to WeiWaiKum FN Band office		18.6	
08127/26	BL			
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	18.6	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 13.39	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 13.39
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 13.39

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

"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."

LC

SIGNATURE OF PERSON MAKING CLAIM

08 BL ~~09~~/27/2026

DATE

Approved for Payment	01-2-272-320 Account No.	Vendor No.