2716

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kellie Chamberlain DATE: May 21/26

ADDRESS: [redacted]

PURPOSE OF CLAIM: _____

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
05/12/2026	Dinner per diem	$35		
05/12/2026	From SRD office to Village of Sayward Council Chamber - return		153.8	0.0
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 35	153.8	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 35.00 (a)	$ 110.74 (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)	$ 145.74
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 145.74

"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: May 21/26

Approved for Payment: Heidi Hawley	01-2-500-320 Account No.	Vendor No.

Billed to Sayward (Village) as part of Municipal Services Agreement.

✓ copy in A/R todo

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Keltie Chamberlain DATE: 07/06/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Expense Claim - Planning

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
~~06/21/2026~~ 05/26	Dinner per diem Village of Sayward	35		0.0
~~06/24/2026~~ 06/03	Dinner per diem Area D APC	35		
02/04/2026	Dinner per diem Area D APC	35		
02/05/2026	Dinner per diem Area C APC	35		
03/04/2026	Dinner per diem Area D APC	35		
03/05/2026	Dinner per diem Area C APC	35		
04/15/2026	Dinner per diem Area C OCP	35		
05/06/2026	Dinner per diem Area D APC	35		
05/07/2026	Dinner per diem Area C OCP	35		
05/13/2026 Area C	Dinner per diem ~~Sayward Public~~ MKS	35	MKS	
05/12/2026	Dinner per diem to Village of Sayward Council meeting Hearing	35	Dinner on Separate line.	
05/12/2026	From SRD office to Village of Sayward Council Chamb - return " "	~~35~~	152	0
06/24/2026	Dinner per diem Area C OCP	35		
05/20/2026	Dinner per diem Area C OCP	35	0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ ~~455~~ 490	152	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ ~~490.00~~	$ ~~109.44~~	$ 0.00

Area C OCP

MKS 455.00 (a) (b) 110.96 MKS (c) (a+b+c)

TOTAL EXPENSES	$ ~~599.44~~	565.96
Less Advance Acct 01-3-000-649	$	MKS
NET CLAIM	$ ~~599.44~~	565.96

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."

SIGNATURE OF PERSON MAKING CLAIM — DATE: July 6/26

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

Area C OCP = N265
Area C APC = N263
Area D APC = N260
Cost billed to Village of Sayward as per Municipal Services Agreement.