Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Michael Christensen **DATE:** 03/31/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: travel

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
03/27/2026	Travel from Chemainus to Campbell River		182	
03/30/2026	Travel Campbell River to Chemainus		182	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	364	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 265.72	$ 0.00
		(a)	(b)	(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**

	(a+b+c)	
TOTAL EXPENSES	$	265.72
Less Advance Acct 01-3-000-649	$	
NET CLAIM	$	265.72

"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: 04/01/2026

Approved for Payment	Account No. 01-2-272-320 M363	Vendor No.

01-2-272-320 M363

2025 ECC grant

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Michael Christensen **DATE:** 03/19/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Travel

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
01/25/2026	Chemainus to Campbell River (return)		364	
01/25/2026	Campbell River to Gold River (return)		200	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	564	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 411.72	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 411.72
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 411.72

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."

M

SIGNATURE OF PERSON MAKING CLAIM

03/19/2026

DATE

Approved for Payment	01-2-272-320 Account No. M363	Vendor No.

01-2-272-320 M363