



990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

Page 1 of 2

ADVANCE   
CLAIM

NAME: Jane COBORNE  
 ADDRESS: [REDACTED]  
 PURPOSE OF TRAVEL: COW  
 DATES OF TRAVEL: Jan 21, 2026.

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
1/21/26	ZOBANOS	CR	COW	154	42
1/21/26	CR	ZOB	"	154	42

TOTAL DISTANCE TRAVELED	308 KM	84 KM
RATE PER KM (2025 CRA rate/BL167)	73 <del>90.727</del> KM	\$0.847 KM <del>85</del>
TOTAL DISTANCE EXPENSE	224.84	<del>221.70</del> \$ 70.56 71.40
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 292.32	

**PURSUANT TO SRD REMUNERATION BYLAW #167**

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

GARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$ 282.13
LESS ADVANCE	GST \$ 14.11
ACCOUNT No. 01-3-000-649	
<b>NET CLAIM</b>	296.24 \$ 292.32

Verified by: mmb

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]  
DIRECTOR SIGNATURE

1/21/26  
DATE

ACCOUNT NO. 012 - 100-320 CG1 P027 CG2 \_\_\_\_\_  
FOR FINANCE USE ONLY



990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE	
CLAIM	

NAME: Julie Colborne

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: BOARD MTG

DATES OF TRAVEL: 1/28/26

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
1/28/26	ZOBAUDS	CR	BOARD	154	42
1/28/26	CR	ZOB	"	154	42

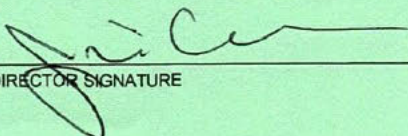
TOTAL DISTANCE TRAVELED	308 KM	84 KM
RATE PER KM (2025 CRA rate/BL167)	\$0.72 / KM	\$0.84 / KM
TOTAL DISTANCE EXPENSE	\$221.76	\$70.56
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 292.32	

**PURSUANT TO SRD REMUNERATION BYLAW #167**

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	\$
<b>NET CLAIM</b>	\$ 292.32
Verified by:	

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

  
DIRECTOR SIGNATURE

1/28/26  
DATE

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_  
FOR FINANCE USE ONLY



990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE	
CLAIM	

NAME: JUNE COLEBORNE

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: FNRR

DATES OF TRAVEL: FEB 11, 2024

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
2/11/26	ZOB	CR	FNRR	154	42
2/11/26	CR	ZOB	"	154	42

**PURSUANT TO SRD REMUNERATION BYLAW #167**

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	308 KM	84 KM
RATE PER KM (2025 CRA rate/BL167)	\$0.73 / KM	\$0.85 / KM
TOTAL DISTANCE EXPENSE	\$ 22484	\$ 7140
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	29624

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	\$
<b>NET CLAIM</b>	\$ 29624
Verified by:	

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]  
DIRECTOR SIGNATURE

2/11/26  
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
FOR FINANCE USE ONLY



990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE	
CLAIM	

NAME: JULIE COLADENE  
 ADDRESS: [REDACTED]  
 PURPOSE OF TRAVEL: BOARD  
 DATES OF TRAVEL: FEB 25, 2026

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
2/25/26	ZOBANOS	CR	BOARD	154	42
	CR	ZOBANOS	"	154	42

TOTAL DISTANCE TRAVELED	308 KM	84 KM
RATE PER KM (2025 CRA rate/BL167)	\$0.73 / KM	\$0.85 / KM
TOTAL DISTANCE EXPENSE	\$ 224.84	\$ 71.40
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 296.24	

**PURSUANT TO SRD REMUNERATION BYLAW #167**

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
<b>NET CLAIM</b>	\$ 296.24
Verified by:	

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

\_\_\_\_\_  
DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
FOR FINANCE USE ONLY



990 Cedar Street, Campbell River, BC V8W 7Z8

**DIRECTOR EXPENSE CLAIM FORM**

ADVANCE	
CLAIM	

NAME: JULIE CORBORNE

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: BOARD MTG.

DATES OF TRAVEL: ~~3/24~~ 3/25/26

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
3/25/26	ZCB	CR	BOARD	154	42
"	CR	ZCB	"	154	42

**PURSUANT TO SRD REMUNERATION BYLAW #167**

1. Commercial Accommodation	Actual Cost @ Gov't rates
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Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	308 KM	84 KM
RATE PER KM (2025 CRA rate/BL167)	\$0.73 / KM	\$0.85 / KM
TOTAL DISTANCE EXPENSE	\$ 22489	\$ 7140
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 29624	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
<b>NET CLAIM</b>	\$ 29624

Verified by:

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

DIRECTOR SIGNATURE

3/25/26  
DATE

ACCOUNT NO. 012 - _____ - _____	CC1 _____	CC2 _____
FOR FINANCE USE ONLY		

ADVANCE	
CLAIM	

990 Cedar Street, Campbell River, BC V8W 7Z8

NAME: JULIE COBURN

ADDRESS: [REDACTED]

PURPOSE OF TRAVEL: FNRC

DATES OF TRAVEL: 4/15/20

**KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED**

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
4/15/20	ZOBANOS	CR	FNRC	154	42
	CR	ZOB	"	154	42

TOTAL DISTANCE TRAVELED	308 KM	84 KM
RATE PER KM (2025 CRA rate/BL167)	\$0.73 / KM	\$0.85 / KM
TOTAL DISTANCE EXPENSE	\$224.84	\$71.4
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 296.24	

**PURSUANT TO SRD REMUNERATION BYLAW #167**

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	\$
<b>NET CLAIM</b>	\$ 296.24
Verified by:	

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]  
DIRECTOR SIGNATURE

4/15/20  
DATE

ACCOUNT NO. 012 - \_\_\_\_\_ - \_\_\_\_\_ CC1 \_\_\_\_\_ CC2 \_\_\_\_\_  
FOR FINANCE USE ONLY