Strathcona REGIONAL DISTRICT

ELECTION OFFICIAL EXPENSE CLAIM FORM

990 Cedar Street Campbell River B.C. V9W 7Z8

NAME: Sarah Collison **DATE:** Oct 18/2026

Address: [redacted]

Purpose of Claim: 2026 SRD General Election Quadra

Date	Description (include from & to for km's travelled)	Kilometers Traveled		Meal Allowance	Other expense
		Paved	Unpaved		
Oct 16	Dinner Quadra			35	
Oct 17	B'fast/lunch/dins			80	
Oct 18	B'fast			20	
	SUB-TOTAL			$ 135	$
	RATE/KM	$ 0.73	$ 0.85	n/a	n/a
	TOTAL CLAIM	$	$	$ 135	$
		(a)	(b)	(c)	(d)

REFER TO EMPLOYMENT OFFER LETTER FOR TRAVEL CLAIM EXPECTATIONS	
1. Accomodation	**Provided**
2. Meal Allowance	
Rate Breakdown	
Breakfast	$20
Lunch	$25
Dinner	$35
3. All other expenses	**Actual cost, provide receipts**

TOTAL (a+b+c+d)	$ 135
NET CLAIM	$ 135

"I hereby request payment for expenses incurred as an election worker for the Strathcona Regional District and that I will not be reimbursed for them by any other party."

[signature] Oct 18/26

SIGNATURE OF PERSON MAKING CLAIM — DATE

Reviewed & Approved for Payment	Presiding Election Official	Chief Election Officer	Account No.	Vendor No.
	[signature]			