

301-990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM

NAME: Preet Dhillon

DATE: 2026-09-18

ADDRESS:

PURPOSE OF CLAIM: reimbursement for personally paid Standard First Aid Course

EXPENSES				
Date	Description of Expense	Subtotal	GST	Total
2026-09-18	see above please	\$ 195.00	\$ 9.75	\$ 204.75
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 195.00	\$ 9.75	\$ 204.75

MILEAGE				
Date	Details of Travel (attach Google Map Printout; or equivalent)	Kilometers Traveled		
		Unpaved	Paved	
FORMULAS - PLEASE LEAVE AS IS		TOTAL KM	0.0	0.0
		RATE/KM	\$ 0.85	\$ 0.73
		SUBTOTAL	\$ -	\$ -
		GST	\$ -	\$ -
		SUBTOTAL	\$ \$ 0:00	\$ \$ 0:00

REFER TO PURCHASING POLICY FOR CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates
2. Non-Commercial Accommodations => \$35/night
3. Per Diem & Meal Allowance => \$115/day

Maximum Rate Breakdown:

Breakfast -> \$20

Lunch -> \$25

Dinner -> \$35

Incidentals -> \$35 (for trips in excess of 24 hrs only)

4. All other expenses => Actual Cost

SUBTOTAL	\$ 195.00
GST	\$ 9.75
TOTAL	\$ 204.75

"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

Sept 18/26

DATE _____

Approved for
Payment

01-2-272-320
Account No.

Vendor No.