

2667



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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Greg Dobson

DATE: April 24/26

ADDRESS: _____

PURPOSE OF CLAIM: Travel to Campbell River for EOC Folder Setup

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
04/24/2026	Gold River to Campbell River return		202	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 0	202	0
	RATE/KM	n/a	\$ 0.73	\$ 0.85
	TOTAL CLAIM	\$ 0.00	\$ 147.46	\$ 0.00

(a) (b) (c)

(a+b+c)

TOTAL EXPENSES	\$ 147.46
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Less Advance Acct 01-3-000-649	\$
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NET CLAIM	\$ 147.46
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REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- 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

04/24/2026
DATE

Approved for Payment

01-2-272-320 Account No.	Vendor No.
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