2699

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Nancy Dwyer **DATE:** 05/06/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Food Receipt - Last Receipt Dave and Nancy NEST Expense

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
05/06/2026	Last Receipt Dave and Nancy NEST Expense	19.19		
	Subtotal 18.28			
	GST 0.91			
	01-2-272-320 M362 2025 ESS Grant			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 19.19	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 19.19	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 19.19
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 19.19

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."

SIGNATURE OF PERSON MAKING CLAIM

05/06/2026
DATE

Approved for Payment	Account No. 01-2-272-320 M362	Vendor No.