2668

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Marianne Flam

DATE: 04/22/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: NESST Conference Kamloops

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/18/2026	Dinner April 18 - Mr Mikes	37.26 Total		
	Subtotal 35.49			
	GST 1.77			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 37.26	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 37.26	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 37.26
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 37.26

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."

B Logan on behalf of M. Flam — 04/22/2026
SIGNATURE OF PERSON MAKING CLAIM — no access to printer/scanner — DATE

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