



990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

ADVANCE	
CLAIM	

NAME:	Sarah Fowler
ADDRESS:	[REDACTED]
PURPOSE OF TRAVEL:	SRD Board meeting
DATES OF TRAVEL:	05/27/26

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
05/27/26	Tahsis	Campbell	SRD	174	132

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2025 CRA rate/BL167)	\$0.73 / KM	\$0.85 / KM
TOTAL DISTANCE EXPENSE	\$ 127.02	\$ 112.20
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	239.22

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 239.22
Verified by:	

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

S. Fowler
DIRECTOR SIGNATURE

05/27/26
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
FOR FINANCE USE ONLY