



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

2830

STAFF EXPENSE CLAIM FORM

NAME: David Friesen

DATE: 2026-08-28

ADDRESS:

PURPOSE OF CLAIM: Mileage Claim

EXPENSES				
Date	Description of Expense	Subtotal	GST	Total
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
FORMULAS - PLEASE LEAVE AS IS				\$ 0.00
	SUB-TOTAL	\$ 0.00	\$ 0.00	\$ 0.00

MILEAGE			
Date	Details of Travel (attach Google Map Printout; or equivalent)	Kilometers Traveled	
		Unpaved	Paved
2026-08-18	SAR Hall to Centennial Pool - Round Trip		13.0
2026-08-20	SAR Hall - Centennial Pool - Head Office - Round Trip - Prep		16.0
2026-08-26	SAR Hall - Head Office - Round Trip - TV pick up		16.0
2026-08-27	SAR Hall - Image 360 - Round Trip - Lg sign pick up		16.0
FORMULAS - PLEASE LEAVE AS IS	TOTAL KM	0.0	61.0
	RATE/KM	\$ 0.85	\$ 0.73
	SUBTOTAL	\$ -	\$ 42.41
	GST	\$ -	\$ 2.12
	SUBTOTAL	\$ 0.00	\$ 44.53

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	\$ 42.41
GST	\$ 2.12
TOTAL	\$ 44.53

"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

DATE

Approved for

Payment

Account No.

Vendor No.