



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

**STAFF EXPENSE CLAIM FORM
EXEMPT STAFF**

NAME: Annie Girdler DATE: 01/25/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Meal Allowance - Public Meeting on Quadra Island

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled		
			Paved	Unpaved	
01/24/2024	Meal Allowance - Dinner for public meeting Jan 24, 2024	35			
FORMULAS - PLEASE LEAVE AS IS		SUB-TOTAL	\$ 35	0	0
		RATE/KM	n/a	\$ 0.70	\$ 0.82
		TOTAL CLAIM	\$ 35.00	\$ 0.00	\$ 0.00

(a) (b) (c)
(a+b+c)

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

TOTAL EXPENSES \$ 35.00

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 35.00

N290
01-2-500-320
284

"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."

Annie Girdler
SIGNATURE OF PERSON MAKING CLAIM

01/25/2024
DATE

Approved for Payment <u><i>A. Nelson</i></u>	Account No.	Vendor No.
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NAME: Annie Girdler

DATE: 02/21/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Meal Allowance - Public Meeting for Area C

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled		
			Paved	Unpaved	
02/21/2024	Meal Allowance - Dinner for public meeting Feb 21, 2024	35			
FORMULAS - PLEASE LEAVE AS IS		SUB-TOTAL	\$ 35	0	0
		RATE/KM	n/a	\$ 0.70	\$ 0.82
		TOTAL CLAIM	\$ 35.00	\$ 0.00	\$ 0.00

(a) (b) (c)
(a+b+c)

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

TOTAL EXPENSES \$ 35.00

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 35.00

"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."

Annie Girdler
SIGNATURE OF PERSON MAKING CLAIM

02/22/2024
DATE

Approved for Payment *A. Nelson* Account No. 01-2-500-320 Vendor No.



NAME: Annie Girdler

DATE: 05/23/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Public Hearing Meal Allowance

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
05/22/2024	Meal Allowance - Dinner	35		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 35	0	0
	RATE/KM	n/a	\$ 0.70	\$ 0.82
	TOTAL CLAIM	\$ 35.00	\$ 0.00	\$ 0.00

(a) (b) (c)

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

(a+b+c)
TOTAL EXPENSES \$ 35.00

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 35.00

"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."

Annie Girdler
SIGNATURE OF PERSON MAKING CLAIM

05/23/2024
DATE

Approved for Payment A. Nelson Account No. 01-2-500-320 Vendor No.

N290

NAME: Annie Girdler

DATE: 07/11/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Public Hearing Meal Allowance

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled		
			Paved	Unpaved	
07/10/2024	Dinner at public hearing	35			
FORMULAS - PLEASE LEAVE AS IS		SUB-TOTAL	\$ 35	0	0
		RATE/KM	n/a	\$ 0.70	\$ 0.82
		TOTAL CLAIM	\$ 35.00	\$ 0.00	\$ 0.00

(a) (b) (c)

(a+b+c)

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

TOTAL EXPENSES \$ 35.00

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 35.00

"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."

AGirdler

07/11/2024

SIGNATURE OF PERSON MAKING CLAIM

DATE

Approved for Payment	<i>Al Wilson</i>	Account No. <u>01-2-560-320</u>	Vendor No.
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N290

NAME: Annie Girdler

DATE: 09/13/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Dinner expense for community engagement meeting

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
09/13/2024	Dinner meal allowance	35		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 35	0	0
	RATE/KM	n/a	\$ 0.70	\$ 0.82
	TOTAL CLAIM	\$ 35.00	\$ 0.00	\$ 0.00

(a) (b) (c)

(a+b+c)

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

TOTAL EXPENSES \$ 35.00

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 35.00

"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."

Annie Girdler
SIGNATURE OF PERSON MAKING CLAIM

09/13/2024
DATE

Approved for Payment <u>[Signature]</u>	<u>01-2-500-320</u> Account No.	Vendor No.
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N272



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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Annie Girdler

DATE: 11/29/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Meal Allowance

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
11/27/2024	Dinner - Quadra Community Engagement Meeting 6-8pm	35		
FORMULAS - PLEASE LEAVE AS IS		EXPENSES	KILOMETERS TRAVELED	KILOMETERS TRAVELED
SUB-TOTAL		\$ 35	0	0
RATE/KM		n/a	\$ 0.70	\$ 0.82
TOTAL CLAIM		\$ 35.00	\$ 0.00	\$ 0.00

(a) (b) (c)
(a+b+c)

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

TOTAL EXPENSES \$ 35.00

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 35.00

N 265 01-2-500-320

"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."

Annie Girdler
SIGNATURE OF PERSON MAKING CLAIM

11/29/2024
DATE

Approved for Payment	<u>[Signature]</u>	Account No. <u>01-2-500-320</u> <u>N265</u>	Vendor No.
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