



NAME: Tara Lyons

DATE: 22 SEPT 26

Address:

Purpose of Claim: mileage for training

Area D

REFER TO EMPLOYMENT OFFER LETTER FOR TRAVEL CLAIM EXPECTATIONS

1. Accommodation	Provided
2. Meal Allowance	
Rate Breakdown	
Breakfast	\$20
Lunch	\$25
Dinner	\$35
3. All other expenses	Actual cost, provide receipts

"I hereby request payment for expenses incurred as an election worker for the Southcoast Regional District and that I will not be reimbursed for them by any other party."

Entered by 1

TOTAL (a+b+c+d)	315.18
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NET CLAIM 3 15.18

657.72
14.46

Entered by Mevi

22 Sep 26

DATE

SIGNATURE OF PERSON MAKING CLAIM

Approved & Approved for Payment	Presiding Election Official	Chief Election Officer	Approval No.	Vendor No.
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