

SCANNED



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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: AMELIA JARRETT

DATE: _____

ADDRESS: _____

PURPOSE OF CLAIM: _____

Date	Description of Expense (include from & to for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
MAY 26	HOME - BLENNIE - GOLF - HOME	-	45km	8km
27	HOME - 2090 REDONDA - HOME	-	-	22km
28	HOME - HERIOT BAY FIREHALL - HOME	-	24km	8km
29	HOME - 2090 REDONDA - H.B. FIRE - HOME	-	24km	22km
30	HOME - HERIOT BAY FIREHALL - HOME	-	24km	8km
"	FILE KIT FOR PRIMER CHAIN SAW	31.34	-	-
"	TARP FOR BROOK REMOVAL	16.79	-	-
JUNE 2	HOME - HERIOT BAY FIREHALL - HOME	-	24km	8km
3	HOME - 265 JOYCE - HOME	-	40km	12km
4	HOME - 265 JOYCE - HOME	-	40km	12km
5	HOME - 1479 BOYDSON - HOME	-	28km	8km
6	HOME - 434 ARBUTUS - HOME	-	45km	10km
			294 km	118 km
SUB-TOTAL		\$	0	0
RATE/KM		n/a	\$ 0.72	\$ 0.84
TOTAL CLAIM		\$	\$ 0.00	\$ 0.00

(a) 5211.68 (a+b+c) 599.12 = 310.80

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

TOTAL EXPENSES \$

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

NET CLAIM \$ 310.80

"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."

A. Jarrett
SIGNATURE OF PERSON MAKING CLAIM

June 12/2025
DATE

Approved for
Payment

01-2-292-320
Account No.

Vendor No.

M361

\$ 310.80

NAME: Amelia Jarret

DATE: 06/20/2021

ADDRESS:

PURPOSE OF CLAIM: Mileage & Expenses - FireSmart Crew Member

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
06/09/2025	Home - 437 Arbutus - Home		45	10
06/10/2025	Home - 1225 Heriot Bay Road - Kameleon - Back to 1225 Heriot Bay Road - Home		41	18
06/11/2025	Home - Heriot Bay Fire Hall - Home		24	8
06/12/2025	Home - Heriot Bay Fire Hall - Home		24	8
06/13/2025	Home - 695 Heriot Bay Road - Hardware Store in cove - 695 HB Rd - Home		56	8
	Yard Waste Bags	21.80		
06/16/2025	Home - 1479 Schooner - Home		28	8
06/17/2025	Home - 434 Arbutus - Home		45	10
06/18/2025	Home - 433 Milford - Home		38	10
06/19/2025	Home - Library - Golf Course - Home		55	8
06/20/2025	Home - 434 Arbutus - Home		45	10
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 21.8	401	98
	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 21.80	\$ 288.72	\$ 82.32

(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 \$ 392.84

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

NET CLAIM \$ 392.84 ✓

GST = 0.97
KM = 499KM mVB

"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."

See next page
SIGNATURE OF PERSON MAKING CLAIM

June 20, 2025
DATE

Approved for
Payment [Signature] Account No. 01-2-272-320-1361 Vendor No. JARAME 1

yes

NAME: Amelia Jarret

DATE: 07/04/2025

ADDRESS: _____

PURPOSE OF CLAIM: Mileage & Expenses - FireSmart Crew Member

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
06/23/2025			55	8
06/24/2025			59	8
	Yard Waste Bags	21.80		
06/25/2025			44	10
06/26/2025			45	8
06/27/2025			65	10
06/30/2025			38	8
07/02/2025			36	12
07/03/2025			52	10
07/04/2025			45	10
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 21.8	439	84
	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 21.80	\$ 316.08	\$ 70.56

(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 \$ 408.44

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

NET CLAIM \$ 408.44 ✓

GST = 0.97
Km = 523Km

mvg

"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."

See next page
SIGNATURE OF PERSON MAKING CLAIM

July 4, 2025
DATE

Approved for
Payment [Signature]

01-2-272-320
Account No. 1361
JARIAMEI
Vendor No.

yes

002314

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Amelia Jarret

DATE: 07/18/2025

ADDRESS: _____

PURPOSE OF CLAIM: Mileage & Expenses - FireSmart Crew Member Quadra Island

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
07/07/2025	Home - 433 Milford Ave - Home		38	10
07/08/2025	Home - 1170 Heriot Bay Road - SRD Office - Home		47	8
07/08/2025	Ferry (no receipt)	33.95		
07/09/2025	Home - Library - Blenkin - Home		45	8
07/10/2025	Home - 1190 West Road - Home		52	10
07/11/2025	Home - Blenkin Park - Home		32	8
07/14/2025	Home - 1449 Schooner Road - Home		30	8
07/15/2025	Home - 1170 Heriot Bay Road - Home		38	10
07/16/2025	Home - 975 Gowland Harbour Road - Home		56	10
07/17/2025	Home - 621 Noble Road - Library - 365 Sutil Road - Home		81	10
07/18/2025	Home - 1586 Hyacinthe Bay Road - Home		28	8
			0	
	SUB-TOTAL	\$ 33.95	447	90
FORMULAS - PLEASE LEAVE AS IS	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 33.95	\$ 321.84	\$ 75.60

(a)

(b)
(a+b+c)

(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 \$ **431.39**

Less Advance
Acct 01-3-000-649 \$ **GST 20.55**

NET CLAIM \$ **431.39**

537Kms-

"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."

see next page
SIGNATURE OF PERSON MAKING CLAIM

07/18/2025

DATE

Approved for
Payment

[Signature]

01-2-272-320
Account No.

Vendor No.

M361 2025 FireSmart Grant

yes

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Amelia Jarrett

DATE: 08/01/2025

ADDRESS: _____

PURPOSE OF CLAIM: FireSmart Crew Member Mileage

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
07/22/2025	Home - 1659 Hyacinthe Bay Road - Home		26	
	mileage missed on original August 1 claim (already processed)			
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 0	26	0
	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 0.00	\$ 18.72	\$ 0.00

(a)

(b)

(c)

 $(a+b+c)$

TOTAL EXPENSES	\$ 18.72
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17.82

Less Advance Acct 01-3-000-649	\$ GST .90
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NET CLAIM	\$ 18.72
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26 km⁵.

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."

See attached sheet

08/15/2025

DATE _____

Approved for Payment 	01-2-272-320 Account No.	Vendor No.
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M361 2025 FireSmart grant

yes



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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Amelia Jarrett

DATE: 08/08/2025

ADDRESS: _____

PURPOSE OF CLAIM: FireSmart Crew Member Mileage & Stipend

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
	see attached sheet for mileage specifics		127	32
	tool stipend (7 days)	175		
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 175	127	32
	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 175.00	\$ 91.44	\$ 26.88

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

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

TOTAL EXPENSES \$ 293.32

Less Advance
Acct 01-3-000-649 \$ GST 4,36

NET CLAIM \$ 293.32

127Kms.

"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."

see next page
SIGNATURE OF PERSON MAKING CLAIM

08/15/2025
DATE

Approved for Payment <u>B</u>	01-2-272-320 Account No.	Vendor No.
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M361 2025 FireSmart grant

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