Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

NAME: Corri Jorgensen

DATE: 2026-10-27

ADDRESS: [redacted]

PURPOSE OF CLAIM: Job Hire

EXPENSES				
Date	Description of Expense	Subtotal	GST	Total
2026-10-26	Criminal Record Check	$ 50.00	$ 0.00	$ 50.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 50.00	$ 0.00	$ 50.00

MILEAGE				
Date	Details of Travel (attach Google Map Printout; or equivalent)		Kilometers Traveled Unpaved	Paved
2026-10-01	2nd Interview/Meet & Greet			414.0
FORMULAS - PLEASE LEAVE AS IS		TOTAL KM	0.0	414.0
		RATE/KM	$ 0.85	$ 0.73
		SUBTOTAL	$ -	$ $ 287.83
		GST	$ -	$ $ 14.39
		SUBTOTAL	$ $ 0.00	$ $ 302.22

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	$ 337.83
GST	$ 14.39
TOTAL	$ 352.22

"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

Oct 27, 2026
DATE

Approved for Payment	Account No. 01-2-113-~~320~~ 328	Vendor No.

01-2-113-275 $50-