Strathcona REGIONAL DISTRICT

ELECTION OFFICIAL EXPENSE CLAIM FORM

990 Cedar Street Campbell River B.C. V9W 7Z8

NAME: DIANE KENNEDY DATE: 17 OCT 2026

Address: [redacted]

Purpose of Claim: Cortes

Date	Description (include from & to for km's travelled)	Kilometers Traveled		Meal Allowance	Other expense
		Paved	Unpaved		
16 OCT 26	DINNER			35-	
16 OCT 26	FERRY TRAVEL 1 HOUR				25.35
17 OCT 26	BREAKFAST			20-	
17 OCT 26	LUNCH			25-	
17 OCT 26	DINNER			35-	
18 OCT 26	BREAKFAST			20-	
18 OCT 26	FERRY TRAVEL 1 HOUR				25.35
	SUB-TOTAL			$ 135-	$ 50.70
	RATE/KM	$ 0.73	$ 0.85	n/a	n/a
	TOTAL CLAIM	$	$	$ 135-	$ 50.70
		(a)	(b)	(c)	(d)

REFER TO EMPLOYMENT OFFER LETTER FOR TRAVEL CLAIM EXPECTATIONS	
1. Accomodation	Provided
2. Meal Allowance	
Rate Breakdown	
Breakfast	$20
Lunch	$25
Dinner	$35
3. All other expenses	Actual cost, provide receipts

TOTAL (a+b+c+d)	$ 185.70

NET CLAIM	$ 185.70

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

SIGNATURE OF PERSON MAKING CLAIM

17 OCT 2026
DATE

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