



NAME: Renée Laborcel

DATE: Oct 17, 2026

Address: _____

Purpose of Claim: Election Work

Area 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)	\$ 123.80
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NET CLAIM	\$ 123.80
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"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."

PhaBrail

SIGNATURE OF PERSON MAKING CLAIM

DATE

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