Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Edith Lee **DATE:** 03/15/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Reimbursement for ESS Training in Qualicum

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
03/15/2026	Gold River to Parksville Hotel to Qualicum for Training back home		422	
03/14/2026	Dinner March 14	~~31.50~~ 30		
	GST	1.91		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 31.5	422	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 31.50	$ 308.06	$ 0.00
		(a)	(b)	(c)

	(a+b+c)	
TOTAL EXPENSES	$	339.56
Less Advance Acct 01-3-000-649	$	
NET CLAIM	$	339.56

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."

unable to sign no access to printer/scanner - BL — 03/20/2026

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	01-2-272-320 Account No. M362	Vendor No.

Shan

M362 2025 ESS

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Edith Lee DATE: 04/22/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: NESST Conference Kamloops

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/16/2026	Gold River to Comox Airport		147	
04/16/2026	Snacks / food for April 20-20 - Sarah's Independent Grocer	23.05		
04/16/2026	Lunch YVR April 16	19.22		
04/20/2026	Comox Airport to Gold River		147	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 42.27	294	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 42.27	$ 214.62	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 256.89
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 256.89

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**

PST = 0.32
GST = 31.64

"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."

B Logan on behalf of E. Lee 04/22/2026
SIGNATURE OF PERSON MAKING CLAIM Unable to sign no printer or scanner DATE

Approved for Payment	Shaun	01-2-273-320 Account No. M362	Vendor No.

M362