002545

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bonnie Logan DATE: 01/13/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Deliver Handwashing Station to Klahoose FN

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
01/13/2026	Search & Rescue Hall to CR Ferry Terminal		7.5	
	Quathiaski Cove Ferry Terminal to Heriot Bay Ferry Terminal		8	
	Whaletown Ferry Terminal to Klahoose First Nation		14.8	
	Return trip		30.3	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	60.6	0
	RATE/KM	n/a	$ .73 ~~0.72~~	$ ~~0.84~~ .85
	TOTAL CLAIM	$ 0.00	$ 43.63	$ 0.00
		(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**

(a+b+c)

TOTAL EXPENSES	$ ~~43.63~~
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ ~~43.63~~ 44.24

M362 2025 E55

"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 — DATE: Jan 30/26

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

002546

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bonnie Logan

DATE: 01/27/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: CR to Nanaimo for FNHA Presentation (personal vehicle)

Date	Description of Expense (include from & to" for km's travelled)	Expenses $ Amount	Kilometers Travelled Paved	Unpaved
01/27/2026	Home to Coast Bastion Hotel		167	
	Return trip		167	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	334	0
	RATE/KM	n/a	$ .73 ~~0.72~~	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 240.48	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 240.48
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 240.48

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."

SIGNATURE OF PERSON MAKING CLAIM

Jan 30/26
DATE

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

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bonnie Logan

DATE: 04/15/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Travel to FireSmart Conference - Victoria (Bonnie & Kathleen)

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/07/2026	Campbell River to Victoria		276	
04/10/2026	Victoria to Campbell River		276	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	552	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 402.96	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 402.96
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 402.96

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."

SIGNATURE OF PERSON MAKING CLAIM

04/15/2026
DATE

Approved for Payment	01-2-272-326 Account No.	Vendor No.

~~M136~~ 1
M138 EM003

Sayward FireSmart

Strathcona
REGIONAL DISTRICT
990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bonnie Logan 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	Mileage - Home to Comox Airport		72	
04/18/2026	Dinner - Mr Mikes - paid with personal card by accident	31.94		
04/20/2026	Mileage - Comox Airport to Home		72	
	Subtotal 29.99			
	PST (0.31)			
	GST 1.27			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 31.94	144	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 31.94	$ 105.12	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 137.06
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 137.06

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."

SIGNATURE OF PERSON MAKING CLAIM — DATE: 04/22/2026

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

M362

2707

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bonnie Logan **DATE:** 05/14/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage - CR to Gold River in Personal Vehicle for ESS Event

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
05/08/2026	CR to Gold River - BC Services x Revellers ESS Event		200	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	200	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 146.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 146.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 146.00

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."

SIGNATURE OF PERSON MAKING CLAIM — 05/14/2026 DATE

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

2760

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bonnie Logan DATE: 06/12/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage - Deliver SPU Equipment to Klahoose

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Kilometers Traveled Unpaved
06/12/2026	Mileage to Klahoose (and return)		60.4	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	60.4	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 44.09	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 44.09
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 44.09

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."

SIGNATURE OF PERSON MAKING CLAIM — DATE: 06/23/2026

Approved for Payment	Account No: 01-2-272-320 M138 EM009	Vendor No.

M138 EM009

2827

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

NAME: Bonnie Logan DATE: 2026-08-26

ADDRESS: [redacted]

PURPOSE OF CLAIM: RDOS EOC Expenses

EXPENSES

Date	Description of Expense	Subtotal	GST	Total
2026-08-11	Breakfast / Lunch / Dinner	$ 80.00		$ 80.00
2026-08-20	Dinner	$ 35.00		$ 35.00
2026-08-21	Dinner	$ 35.00		$ 35.00
2026-08-22	Dinner	$ 35.00		$ 35.00
2026-08-23	Dinner	$ 35.00		$ 35.00
2026-08-24	Breakfast / Lunch	$ 45.00		$ 45.00
				$ 0.00
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 265.00	$ 0.00	$ 265.00

MILEAGE

Date	Details of Travel (attach Google Map Printout; or equivalent)		Kilometers Traveled Unpaved	Paved
2026-08-11	CR to Duke Point			182.0
2026-08-11	Tsawwassen to Penticton			407.0
2026-08-24	Penticton to Tsawwassen			407.0
2026-08-24	Duke Point to CR			182.0
FORMULAS - PLEASE LEAVE AS IS		TOTAL KM	0.0	1,178.0
		RATE/KM	$ 0.85	$ 0.73
		SUBTOTAL	$ -	$ $ 818.99
		GST	$ -	$ $ 40.95
		SUBTOTAL	$ $ 0.00	$ $ 859.94

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	$ 1,083.99
GST	$ 40.95
TOTAL	$ 1,124.94

"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]
SIGNATURE OF PERSON MAKING CLAIM

Aug 26/26
DATE

Approved for Payment	Account No. M376	Vendor No.

01-2-272-320
RDOS EOC bald range fire

RESET FORM

2858

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

NAME: Bonnie Logan

DATE: 2026-09-18

ADDRESS: [redacted]

PURPOSE OF CLAIM: TNRD Mutual Aid - Aug 29 to Sept 11

EXPENSES

Date	Description of Expense	Subtotal	GST	Total
2026-08-29	Per diem Aug 29-Sept 11 - see attached sheet.	$ 870.00		$ 870.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 870.00	$ 0.00	$ 870.00

MILEAGE

Date	Details of Travel (attach Google Map Printout; or equivalent)	Kilometers Traveled Unpaved	Paved
2026-08-29	CR to Duke Point		182.0
2026-08-29	Tsawassen to Kamloops		365.0
2026-09-11	Return mileage		547.0

FORMULAS - PLEASE LEAVE AS IS				
	TOTAL KM	0.0		1,094.0
	RATE/KM	$ 0.85		$ 0.73
	SUBTOTAL	$ -	$	$ 760.59
	GST	$ -	$	$ 38.03
	SUBTOTAL	$ 0.00	$	$ 798.62

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	$ 1,630.59
GST	$ 38.03
TOTAL	$ 1,668.62

"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

2026-09-18
DATE

Approved for Payment	Account No. 01-2-272-320 T001	Vendor No.

T001 Task 26-05178
TNRD EOC mutual aid