



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)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

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

"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 04/15/2026

Approved for Payment <u></u>	Account No. <u>01-2-272-326</u>	Vendor No.
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M138 EM003
Joyward FireSmart

