Strathcona REGIONAL DISTRICT

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

**STAFF EXPENSE CLAIM FORM**
**EXEMPT STAFF**

**NAME:** Casey Longhurst **DATE:** 05/07/2025

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** mileage reimbursement

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 04/24/2025 | [redacted] Comox Airport and return | | 78.2 | |
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| | | | 0 | |
| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 0 | 78.2 | 0 |
| | RATE/ KM | n/a | $ 0.72 | $ 0.84 |
| | TOTAL CLAIM | $ 0.00 | $ 56.30 | $ 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** | $ 56.30 |
| **Less Advance Acct 01-3-000-649** | $ |
| **NET CLAIM** | $ 56.30 |

M358

"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."

Casey Longhurst
SIGNATURE OF PERSON MAKING CLAIM

May 7 2025
DATE

| Approved for Payment | Account No. | Vendor No. |
|---|---|---|
| | 01-2-272-320 M358 | |

Strathcona REGIONAL DISTRICT

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

# STAFF EXPENSE CLAIM FORM
**EXEMPT STAFF**

**NAME:** Casey Longhurst **DATE:** 04/28/2025

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** mileage

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 11/12/2025 | April 11th Applied Reception Centre Training | | 523 | |
| | [redacted]642 Johnson St, Victoria, BC V8W 1M6 | | | |
| | 760 Vernon Ave Victoria, BC V8X 2W6 and back | | | |
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| | | | 0 | |
| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 0 | 523 | 0 |
| | RATE/KM | n/a | $ 0.72 | $ 0.84 |
| | TOTAL CLAIM | $ 0.00 | $ 376.56 | $ 0.00 |
| | | (a) | (b) | (c) |

(a+b+c)

| | | |
|---|---|---|
| TOTAL EXPENSES | $ | 376.56 |
| Less Advance Acct 01-3-000-649 | $ | |
| NET CLAIM | $ | 376.56 |

M358

**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

04/24/2025
DATE

| | | |
|---|---|---|
| Approved for Payment | Account No. 01-2-272-320 M358 | Vendor No. |

Strathcona REGIONAL DISTRICT

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

# STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Casey Longhurst

DATE: 08/14/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: mileage for commute to EOC RDN Wesley Ridge 255375

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 08/11/2025 | [redacted] 6300 Hammond Bay Road | | 132.7 | |
| 08/13/2025 | 6300 Hammond Bay Road [redacted] | | 132.7 | |
| | | | | |
| | Personal car was used as department vehicles were booked out | | | |
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| | | | 0 | |
| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 0 | 265.4 | 0 |
| | RATE/KM | n/a | $ 0.72 | $ 0.84 |
| | TOTAL CLAIM | $ 0.00 | $ 191.09 | $ 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

| | |
|---|---|
| TOTAL EXPENSES (a+b+c) | $ 191.09 |
| Less Advance Acct 01-3-000-649 | $ |
| NET CLAIM | $ 191.09 |

"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."

[redacted]

SIGNATURE OF PERSON MAKING CLAIM

Aug 14 2025

DATE

| | | |
|---|---|---|
| Approved for Payment | 01-2-212-320 M312 Account No. | Vendor No. |

Strathcona REGIONAL DISTRICT

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

**STAFF EXPENSE CLAIM FORM**
**EXEMPT STAFF**

**NAME:** Casey Longhurst **DATE:** 09/11/2025

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** Mileage for drop off of SRD vehicle at Comox Parkway

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 08/22/2025 | Comox Parkway to [redacted] | | 42.4 | |
| | On return from ACRD Mt Underwood EOC dropped Newy off with Kayla | | | |
| | car was needed for the following morning | | | |
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| | | | 0 | |
| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 0 | 42.4 | 0 |
| | RATE/KM | n/a | $ 0.72 | $ 0.84 |
| | TOTAL CLAIM | $ 0.00 | $ 30.53 | $ 0.00 |
| | | (a) | (b) | (c) |

(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**

| | |
|---|---|
| **TOTAL EXPENSES** | $ 30.53 |
| **Less Advance Acct 01-3-000-649** | $ |
| **NET CLAIM** | $ 30.53 |

"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] Sept 11 2025

SIGNATURE OF PERSON MAKING CLAIM — DATE

| | | |
|---|---|---|
| Approved for Payment [signature] | Account No. | Vendor No. |

01-2-272-320 M314

Yes