Strathcona REGIONAL DISTRICT

ELECTION OFFICIAL EXPENSE CLAIM FORM

990 Cedar Street Campbell River B.C. V9W 7Z8

NAME: RICHARD McFADYEN **DATE:** OCT 17/26

Address: [redacted]

Purpose of Claim: SRD ELECTION Quadra

Date	Description (include from & to for km's travelled)	Kilometers Traveled		Meal Allowance	Other expense
		Paved	Unpaved		
OCT 16	HOME TO HOTEL TO QUADRA GOLF TO HOTEL	18		35	37.00
OCT 17				80	
OCT 18		18		20	~~37.00~~
	SUB-TOTAL			$	$
	RATE/KM	$ 0.73	$ 0.85	n/a	n/a
	TOTAL CLAIM	$	$	$	$
		(a)	(b)	(c)	(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)	$
NET CLAIM	$

"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."

R. McFadyen

SIGNATURE OF PERSON MAKING CLAIM

DATE

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