Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Azalea Milwid **DATE:** 07/09/2025

ADDRESS: 990 Cedar

PURPOSE OF CLAIM: Travel/Training

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
06/18/2025	Dinner	35		
06/19/2025	Breakfast	20		
	Dinner	35		
	Incidentals	45		
06/20/0205	Breakfast	20		
	Dinner	35		
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 190	0	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 190.00	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 190.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 190.00

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."

Azal Mil — July 9/2025

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	01-2-118-320 A064 Account No.	Vendor No.

Yes.