



ELECTION OFFICIAL EXPENSE CLAIM FORM

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

NAME:

Mervell Nassar

DATE:

Oct 18. 2020

Address:

[Redacted Address]

Purpose of Claim:

Cortes

Date	Description (include from & to for km's travelled)	Kilometers Traveled		Meal Allowance	Other expense
		Paved	Unpaved		
<i>Oct 17.26</i>	<i>BC Ferries 11.30</i>				<i>24.15</i>
<i>Oct 17.26</i>	<i>Lunch</i>			<i>25</i>	
<i>Oct 17.26</i>	<i>Dinner</i>			<i>35</i>	
<i>Oct 17.26</i>	<i>Breakfast</i>			<i>20</i>	
<i>Oct 17.26</i>	<i>Lunch</i>			<i>25</i>	
<i>Oct 17.26</i>	<i>Dinner</i>			<i>35</i>	
<i>Oct 18.26</i>	<i>Breakfast</i>			<i>20</i>	
					<i>[Signature]</i>
	SUB-TOTAL			<i>\$ 160</i>	<i>\$ 24.15</i>
	RATE/KM	<i>\$ 0.73</i>	<i>\$ 0.85</i>	<i>n/a</i>	<i>n/a</i>
	TOTAL CLAIM	<i>\$</i>	<i>\$</i>	<i>\$</i>	<i>\$</i>

(a) (b) (c) (d)

REFER TO EMPLOYMENT OFFER LETTER FOR TRAVEL CLAIM EXPECTATIONS

- Accommodation Provided
- Meal Allowance
Rate Breakdown
Breakfast \$20
Lunch \$25
Dinner \$35
- All other expenses Actual cost, provide receipts

TOTAL (a+b+c+d)

\$24.15

\$24.15

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."

SIGNATURE OF PERSON MAKING CLAIM

[Signature]

DATE

Oct 18. 2020

Reviewed &
Approved for
Payment

[Signature]
Presiding Election Official

Chief Election Officer

Account No.

Vendor No.