Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Elaine Popove **DATE:** 05/26/2026

ADDRESS: SRD Office

PURPOSE OF CLAIM: Professional Development Travel / Comms Course - Victoria, BC

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
05/12/2026	Dinner	35		
05/13/2026	Breakfast	20		
	Lunch provided at course			
	Dinner	35		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 90	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 90.00	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 90.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 90.00

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."

SIGNATURE OF PERSON MAKING CLAIM

June 5/26
DATE

Approved for Payment	Account No.	Vendor No.
	01-2-118-320-A066	

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Elaine Popove **DATE:** 06/15/2026

ADDRESS: 990 Cedar St

PURPOSE OF CLAIM: LGMA Communications Conference - Presentor & Attendee

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
06/07/2026	Travel Day - Dinner	35		
06/08/2026	Full Day (Breakfast, Lunch & Dinner)	125		
	Meeting & Presentation Run Through			
06/09/2026	Dinner	35		
	Conference Day			
06/10/2026	Breakfast & Lunch	45		
	Travel Day			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 240	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 240.00	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 240.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 240.00

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."

SIGNATURE OF PERSON MAKING CLAIM — DATE: June 15/26

Approved for Payment	Account No. 01-2-118-320 A066	Vendor No.