

NAME: Bailey Raga

DATE: 2026-09-03

ADDRESS: _____

PURPOSE OF CLAIM: Aug 25th - Just Like Home Opening Event Supply Runs

EXPENSES				
Date	Description of Expense	Subtotal	GST	Total
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 0.00	\$ 0.00	\$ 0.00

MILEAGE			
Date	Details of Travel (attach Google Map Printout; or equivalent)	Kilometers Traveled	
		Unpaved	Paved
2026-08-20	JLH Event - supply run / placing order - see map # 1		4.3
2026-08-25	JLH Event - supply run / pick ups - see map # 2		5.6
2026-08-25	JLH Event - supply run / pick ups - see map #3		9.7
FORMULAS - PLEASE LEAVE AS IS	TOTAL KM	0.0	19.6
	RATE/KM	\$ 0.85	\$ 0.73
	SUBTOTAL	\$ -	\$ 13.63
	GST	\$ -	\$ 0.68
	SUBTOTAL	\$ 0.00	\$ 14.31

REFER TO PURCHASING POLICY FOR CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates
2. Non-Commercial Accommodations => \$35/night
3. Per Diem & Meal Allowance => \$115/day

Maximum Rate Breakdown:

- Breakfast -> \$20
- Lunch -> \$25
- Dinner -> \$35
- Incidentals -> \$35 (for trips in excess of 24 hrs only)

4. All other expenses => Actual Cost

SUBTOTAL	\$ 13.63
GST	\$ 0.68
TOTAL	\$ 14.31

"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

Approved for
Payment

Account No.

01-6-451-387 C715

Vendor No.

Sept 3, 2026