Strathcona REGIONAL DISTRICT

# ELECTION OFFICIAL EXPENSE CLAIM FORM

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

**NAME:** Dale Riley **DATE:** Oct 17, 2026

**Address:**

**Purpose of Claim:** Per diems Quadra (lives on Quadra)

| Date | Description (include from & to for km's travelled) | Kilometers Traveled | | Meal Allowance | Other expense |
|---|---|---|---|---|---|
| | | Paved | Unpaved | | |
| Oct 17/26 | Meals for election day | | | 80.00 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SUB-TOTAL | | | $ | $ |
| | RATE/KM | $ 0.73 | $ 0.85 | n/a | n/a |
| | TOTAL CLAIM | $ | $ | $ 80.00 | $ |
| | | (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) | $ 80.00 |
|---|---|

| NET CLAIM | $ 80.00 |
|---|---|

"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."

See attached timesheet.

SIGNATURE OF PERSON MAKING CLAIM

Oct 22/26

DATE

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