2603

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: SARAH ROSEN **DATE:** MARCH 4 2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: REIMBURSEMENT FOR USE OF PERSONAL VEHICLE TO TRAVEL TO NANAIMO FOR CONFERENCE

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Kilometers Traveled Unpaved
MARCH 2	DRIVE CR → NAN W DINNER STOP		271	
MARCH 3	DRIVE NAN → CUMBERLAND (HOME)			
	Ocean Acidification Workshop			
		SUB-TOTAL $ 0	271 0	0
FORMULAS - PLEASE LEAVE AS IS		RATE/KM n/a	$ 0.73	$ 0.85
		TOTAL CLAIM $ 0.00	$ 197.83 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 197.83 0.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 197.83 0.00

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 — MARCH 4th, 2026 DATE

Approved for Payment	01-2-272-320 Account No.	Vendor No.

M146

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: SARAH ROSEN DATE: APRIL 9 2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: MILEAGE REIMBURSEMENT FOR TRIP TO NANAIMO TO FILM TV INTERVIEW

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
APRIL 8th 2026	ROUNDTRIP CUMBERLAND TO NANAIMO FOR TV INTERVIEW		199	
	SUB-TOTAL	$ 0	1 0	0
FORMULAS - PLEASE LEAVE AS IS	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 145.270.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 145.27 0.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 145.270.00

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

APRIL 9, 2026
DATE

Approved for Payment	01-2-272-320 Account No. M146	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Sarah Rosen **DATE:** 04/27/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage expenses for use of personal vehicle to drive to Nanaimo to give a Tsunami Presentation

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/24/2026	Drove from Cumberland to Camp Caillet in Nanaimo for presentation		102	
04/26/2026	Drove from Nanaimo to Cumberland at end of weekend SKGABC Exchange		102	
	tsunami presentation			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	204	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 148.92	$ 0.00
		(a)	(b)	(c)

TOTAL EXPENSES (a+b+c)	$ 148.92
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 148.92

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 — 04/27/2026 DATE

Approved for Payment	01-2-277-320 Account No. M146	Vendor No.

M146