

NAME:

Dallas Sader

DATE: _____

04/08/2026

ADDRESS:

PURPOSE OF CLAIM:

Personal Vehicle Mileage Use - Disaster Com Support

(a)

(b)

(c)

 $(a+b+c)$

NET CLAIM	\$ 48.18
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04/08/2026

SIGNATURE OF PERSON MAKING CLAIM

DATE _____

Approved for
Payment

01-2-272-320
Account No.

Vendor No.

DATE:

04/20/2026

NAME:

Dallas Sader

ADDRESS:

PURPOSE OF CLAIM:

Reimbursement for mileage - ECT Participation

(a) (b) (c)

 $(a+b+c)$

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

TOTAL EXPENSES	\$ 112.42
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Less Advance Acct 01-3-000-649	\$
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NET CLAIM	\$ 112.42
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"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."

04/20/2026

DATE _____

SIGNATURE OF PERSON MAKING CLAIM

Approved for
Payment

01-2-272-320
Account No.

Vendor No.

2810

Strathcona
 REGIONAL DISTRICT

301-990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM

NAME: Dallas Sader

DATE: 2026-07-31

ADDRESS:

PURPOSE OF CLAIM: Personal Vehicle Milage Use - Disaster Communications Support

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
2026-07-31	Use of Personal Vehicle for July 2026 07.08, 07.13, 04.17, 07.22, 07.24, 07.30, 07.31 from home to Larwood Radio Room - 24km round trip x 7 to provide Diaster Communication Technician Support		168.0
FORMULAS - PLEASE LEAVE AS IS		TOTAL KM	0.0
		RATE/KM	\$ 0.85
		SUBTOTAL	\$ 116.80
		GST	\$ 5.84
		SUBTOTAL	\$ 122.64

REFER TO PURCHASING POLICY FOR CLAIM EXPECTATIONS

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- 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)

- All other expenses => Actual Cost

SUBTOTAL	\$ 116.80
GST	\$ 5.84
TOTAL	\$ 122.64

"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."

Dallas A Sader
 SIGNATURE OF PERSON MAKING CLAIM

2026.07.31

DATE

 Approved for
 Payment

 01-2-272-320
 Account No.

Vendor No.

Ect Volunteer Mileage reimbursement

 Entered By
 MVB

STAFF EXPENSE CLAIM FORM

NAME: Dallas Sader

DATE: 2026-09-30

ADDRESS:

PURPOSE OF CLAIM: Personal Vehicle Milage Use - Diaster Communications Support

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
	Use of personal vehicle for August 2026		
	Aug 19, 21 x2		48.0
	Use of personal vehicle for September 2026		
	Sep 14, 15, 19, 21, 22, 23, 24 x7		168.0
	from home to Larwood Radio Room - 24km round trip		
	To provide Diaster Communication Technician Support		
FORMULAS - PLEASE LEAVE AS IS	TOTAL KM	0.0	216.0
	RATE/KM	\$ 0.85	\$ 0.73
	SUBTOTAL	\$ -	\$ 150.17
	GST	\$ -	\$ 7.51
	SUBTOTAL	\$ 0.00	\$ 157.68

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	\$ 150.17
GST	\$ 7.51
TOTAL	\$ 157.68

"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."

Dallas A Sader

2026-09-30

SIGNATURE OF PERSON MAKING CLAIM

DATE

Approved for
Payment
 01-2-272-320
 Account No. M363

Vendor No.