Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Meredith Starkey **DATE:** April 22, 2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Area C OCP Engagement - Dinner

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
April 15, 2026	Meal Allowance - Dinner	$35		
	01-2-500-320, Cost Centre N265			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ $35 0	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ $35 0.00	$ 0.00	$ 0.00
		(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**

	(a+b+c)
TOTAL EXPENSES	$ 35.00 0.00
Less Advance Acct 01-3-000-649	$ 0.00
NET CLAIM	$ 35.00 0.00

"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."

Meredith Starkey — Digitally signed by Meredith Starkey Date: 2026.04.22 11:32:08 -07'00' — April 22, 2026

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	Account No.	Vendor No.

2711

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Meredith Starkey **DATE:** May 22, 2026

ADDRESS: Campbell River, BC

PURPOSE OF CLAIM: Area C OCP Engagement - Dinner

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
May 13, 2026	Meal Allowance - Dinner	$35		
	01-2-500-320, Cost Centre N265			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 35 0	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 35 0.00	$ 0.00	$ 0.00
		(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**

	(a+b+c)	
TOTAL EXPENSES	$ 35.00	0.00
Less Advance Acct 01-3-000-649	$ 0.00	
NET CLAIM	$ 35.00	0.00

"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."

Meredith Starkey Digitally signed by Meredith Starkey Date: 2026.05.22 11:59:26 -07'00' 05/22/2026

SIGNATURE OF PERSON MAKING CLAIM DATE

Approved for Payment	Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Meredith Starkey **DATE:** June 5, 2026

ADDRESS: Campbell River, BC

PURPOSE OF CLAIM: Area C OCP Engagement - Lunch

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
06/03/2026	Meal Allowance - Lunch	$25		
	01-2-500-320, Cost Centre N265			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 25 0	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 25 0.00	$ 0.00	$ 0.00
		(a)	(b)	(c)

	(a+b+c)
TOTAL EXPENSES	$ 25.00 0.00
Less Advance Acct 01-3-000-649	$ 0.00
NET CLAIM	$ 25.00 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."

Meredith Starkey Digitally signed by Meredith Starkey Date: 2026.06.05 09:37:26 -07'00'

SIGNATURE OF PERSON MAKING CLAIM

June 5, 2026

DATE

Approved for Payment	Account No.	Vendor No.