

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 01-2-500-320, Cost Centre N265	\$35		
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)

(a+b+c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

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
DATE

SIGNATURE OF PERSON MAKING CLAIM

Approved for Payment	Account No.	Vendor No.
-------------------------	-------------	------------