NO statement provided from madison - SB

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart **DATE:** 03/23/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: National Public Health Conference

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
03/10/2026	To Comox Airport		45	
03/10/2026	Breakfast, Lunch, Dinner	80		
03/11/2026	Breakfast, Lunch, Dinner, Incidentals	125		
03/12/2026	Breakfast, Dinner, Incidentals	100		
03/13/2026	Breakfast, Dinner, Incidentals	100		
03/17/2026	From Comox Airport		45	
	SUB-TOTAL	$ 405	90	0
FORMULAS - PLEASE LEAVE AS IS	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 405.00 (a)	$ 65.70 (b)	$ 0.00 (c)

TOTAL EXPENSES (a+b+c)	$ 470.70
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 470.70

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."

M Stewart
SIGNATURE OF PERSON MAKING CLAIM

March 23, 2026
DATE

Approved for Payment	Account No.	Vendor No.

01 - 2 - 401 - 293 - A163