Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: B. Wasyliw **DATE:** 04/21/2026

ADDRESS: 990 Cedar Street

PURPOSE OF CLAIM: MATI PADM 205

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/12/2026	CR to Crofton		202	
04/12/2026	Lunch	25		
04/17/2026	Crofton to CR		202	
04/17/2026	Lunch	25		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 50	404	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 50.00	$ 294.92	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 344.92
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 344.92

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 — DATE: Apr 21, 2026

Approved for Payment	dWatson	Account No. 01-2-111-320	Vendor No.

2785

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: B. Wasyliw **DATE:** 07/03/2026

ADDRESS: 990 Cedar Street

PURPOSE OF CLAIM: CAPC Meeting

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
07/02/2026	CAPC Meeting	35		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 35	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 35.00	$ 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
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 35.00

33.33 + GST = $35

"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 — 07/03/2026 DATE

Approved for Payment	Account No.	Vendor No.
CWatson	01-2-111-320	

2850

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

NAME: B Wasyliw **DATE:** 2026-09-10

ADDRESS: 990 Cedar Street

PURPOSE OF CLAIM: Public Hearing - Bylaws No. 666 & 667

EXPENSES

Date	Description of Expense	Subtotal	GST	Total
2026-09-09	Meal	$ 35.00		$ 35.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 35.00	$ 0.00	$ 35.00

MILEAGE

Date	Details of Travel (~~attach~~ Google Map Printout; or equivalent)		Kilometers Traveled Unpaved	Paved
FORMULAS - PLEASE LEAVE AS IS		TOTAL KM	0.0	0.0
		RATE/KM	$ 0.85	$ 0.73
		SUBTOTAL	$ -	$ -
		GST	$ -	$ -
		SUBTOTAL	$ 0.00	$ 0.00

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	$ 35.00
GST	$ 0.00
TOTAL	$ 35.00

"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."

SIGNATURE OF PERSON MAKING CLAIM

Sept 11, 2026
DATE

Approved for Payment D Watson.	Account No. 01-2-111-320	Vendor No.