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

Apr 21, 2026
DATE

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