



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

**STAFF EXPENSE CLAIM FORM**  
**EXEMPT STAFF**

NAME: Edith Watson

DATE: 05/22/2026

ADDRESS: \_\_\_\_\_

PURPOSE OF CLAIM: Site visits to potential polling locations for LG Elections

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
May 20/26	BC Ferries	45.85		
May 20/26	Quathiaski Cove Ferry to QI Golf Course to Legion to Ferry terminal		25.5	
<b>SUB-TOTAL</b>		\$ 45.85	25.5	0
<b>FORMULAS - PLEASE LEAVE AS IS</b>		<b>RATE/KM</b>	n/a	\$ 0.73
<b>TOTAL CLAIM</b>		\$ 45.85	\$ 18.61	\$ 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

<b>TOTAL EXPENSES</b>	\$ 64.47
Less Advance Acct 01-3-000-649	\$
<b>NET CLAIM</b>	\$ 64.47

"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 Edith Watson

DATE May 22 2026

Approved for Payment <u>[Signature]</u>	01-2-131-320 Account No.	Vendor No.
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