Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Sheena Fisher **DATE:** 03/25/2024

ADDRESS:

PURPOSE OF CLAIM: Travel to workshop on Disaster Risk Reduction

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Kilometers Traveled Unpaved
03/20/2024	Travel - Campbell River to Arbutus Inn Victoria		275	
03/20/2024	Dinner ($35)	35		
03/21/2024	Breakfast ($20), dinner ($35), incidentals ($45)	100		
03/21/2024	Travel - Arbutus inn, UClub, Campbell River		283	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 135	558	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 135.00	$ 390.60	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 525.60
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 525.60

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."

Sheena Fisher Digitally signed by Sheena Fisher DN: C=US, E="sfisher@srd.ca", O=Strathcona Regional District, OU=Engineering Services, CN=Sheena Fisher Date: 2024.03.25 08:12:13-07'00' 03/25/2024

SIGNATURE OF PERSON MAKING CLAIM DATE

I Certify that these goods and services have been received; that they are required for the operations of the Regional District and I approve this invoice for payment.

Approved for Payment	Account No.	Vendor No.

Signature Date March 25, 2024

Purpose of Expenditure

Account # 01-6-149-477. A196

Earthquake Early Warning Workshop by the Province.

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Sheena Fisher **DATE:** 10/24/2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage claim Jan - November 2024 WP

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Kilometers Traveled Unpaved
02/27/2024	SRD Office to Glenmore River Dike and back - contractor meeting		45.9	
03/06/2024	SRD office to SGRC and back - trades meeting		6.2	
03/09/2024	Home to Quadra community center and back for ICAN meeting on a Saturday		26.2	
04/11/2024	SRD office to BCOB well No. 6 and back - tender meetings		42.3	
04/12/2024	SRD Office to Glenmore River Dike and back - inspection of completed works		45.9	
	LEFT BLANK INTENTIONALLY -KM'S DO NOT GET CAPTURED IN NET CLAIM			
04/25/2024	Campbell River to CVRD and back for EOC Training		91.8	
04/26/2024	Campbell River to CVRD and back for EOC Training		91.8	
05/02/2024	SRD Office to CVRD and back for RSWAC meeting,		100	
06/27/2024	SRD Office to CVRD and back for RSWAC meeting,		100	
08/08/2024	SRD Office to Oyster River Park and back for river bank inspection site meeting		44	
08/12/2024	SRD OFFICE to the SD 72 and back		6.2	
09/18/2024	SRd Office to CVRD for meeting re: BCOB		100	
09/19/2024	SRD Office to CVRD and back for RSWAC meeting,		100	
10/24/2024	SRD office to SGRC and back - progress meeting		6.2	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	800.5	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 0.00	$ 564.55	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 564.55
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 564.55

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates

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Rate Breakdown:

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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."

Sheena Fisher — Digitally signed by Sheena Fisher, DN: C=US, E="sfisher@srd.ca", O=Strathcona Regional District, OU=Engineering Services, CN=Sheena Fisher, Reason: I agree to the terms defined by the placement of my signature on this document, Date: 2024.10.24 14:54:55-07'00'

SIGNATURE OF PERSON MAKING CLAIM

November 12, 2024
DATE

Approved for Payment	Account No.	Vendor No.

November 12, 2024

03-2-331-320 - $250.00
02-2-319-320 - $250.00
01-2-374-320 - $64.55

$564.55

Note: Template formula need to be rectified. WP