Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

EXEMPT STAFF

NAME: Sheena Fisher **DATE:** 03/17/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Travel Expense - LGLA Conference

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
03/12/2025	Campbell River to Duke Point		164	
03/12/2025	Tsawwassen to Radisson Airport Hotel in Richmond		27.7	
03/12/2025	Per Diam Lunch ($25) and Dinner ($35)	$60		
03/13/2025	Per Diam Dinner ($35) and Incidentals ($45)	$80		
03/14/2025	Per Diam Lunch ($25)	$25		
03/14/2025	Radisson Airport Hotel in Richmond to Tsawwassen		27.7	
03/14/2025	Duke Point to Campbell River		167	
			0	
FORMULAS - PLEASE LEAVE AS IS	**SUB-TOTAL**	$ 165	386.4	0
	RATE/KM	n/a	$ **0.72**	$ **0.84**
	TOTAL CLAIM	$ 165.00 (a)	$ 278.21 (b)	$ 0.00 (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

TOTAL EXPENSES (a+b+c)	$ 443.21
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 443.21

"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 am the author of this document
Date: 2025.03.17 10:22:15-07'00'

SIGNATURE OF PERSON MAKING CLAIM

March 17/25 DATE

Approved for Payment	Account No.	Vendor No.

$221.60 - 03-2-331-319
$221.61- 02-2-319-319

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Sheena Fisher **DATE:** 05/01/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: General Mileage - Q1 2025

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
01/06/2025	Corporate Office (CO) to Edgett Office in Cumber;land and back - Universal meter meeting		113.6	
01/21/2025	CO to Meeting In area D for Water Meter project and back		23.6	
01/24/2025	Corporate Office (CO) to Edgett Office in Cumberland and back - Kamstrup meeting		113.6	
03/05/2025	Corproate Office to WWTP in Cumberland w/CVRD		128.8	
03/19/2025	Corporate Office (CO) to Edgett Office in Cumberland and back - Phase 2 meeting		113.6	
04/26/2025	Home to Stathcona Gardens and back		11.4	
04/30/2025	Office to Eagle Hall and back		11.8	
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	516.4	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 371.81	$ 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	$ 371.81
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 371.81

"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 have reviewed this document, Date: 2025.05.01 08:54:00-07'00'

SIGNATURE OF PERSON MAKING CLAIM

05/01/2025

DATE

Approved for Payment	Account No.	Vendor No.

GL 02-2-319-3201

May 1, 2025