STAFF TRAVEL FORM

301 - 990 Cedar Street Campbell River B.C. V9W 7Z8

ADVANCE [ ] CLAIM [X]

NAME: Jordan Hargreaves DATE: 2019-12-04

Address:

Purpose of Travel: BCAEC FALL EDUCATION CONFERENCE

Dates of Travel: Nov 17-20, 2019

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Nov 17	BCAEC CONFERENCE RADISSON	DINNER	$25
18	AIRPORT HOTEL RICHMOND BC	"	$25
19	(BREAKFAST / LUNCH PROVIDED)	"	$25
20		"	$25.
		TOTAL	$100.00

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS	
1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	$35/night
3. Per Diem and Meal Allowance	$75/day
Rate breakdown	
Breakfast - $15	
Lunch - $20	
Dinner - $25	
Incidentals - $15 (for trips in excess of 24 hours only)	
4. All other expenses	Actual Cost

CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B)	$0.00
TOTAL EXPENSES (A + B)	$0.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	$0.00
NET CLAIM	$100.00

"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."

J. H — SIGNATURE OF PERSON MAKING CLAIM

2019-12-04. DATE

APPROVED FOR PAYMENT	ACCOUNT No.	VENDOR No.
J. Nelson	01-2-285-320	