



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

NAME: Laura Hougham DATE: 01/28/2025

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Footwear for Site Assessments

| Date                             | Description of Expense<br>(include from & to" for km's traveled) | Expenses<br>\$ Amount | Kilometers Traveled |         |
|----------------------------------|------------------------------------------------------------------|-----------------------|---------------------|---------|
|                                  |                                                                  |                       | Paved               | Unpaved |
| 01/14/2025                       | Footwear for conducting site assessments                         | 134.39                |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
|                                  |                                                                  |                       |                     |         |
| FORMULAS - PLEASE<br>LEAVE AS IS | SUB-TOTAL                                                        | \$ 134.39             | 0                   | 0       |
|                                  | RATE/KM                                                          | n/a                   | \$ 0.70             | \$ 0.82 |
|                                  | TOTAL CLAIM                                                      | \$ 134.39             | \$ 0.00             | \$ 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

**TOTAL EXPENSES** \$ 134.39

Less Advance  
Acct 01-3-000-649 \$

**NET CLAIM** \$ 134.39

"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."

Laura Hougham Digitally signed by Laura Hougham  
Date: 2025.01.28 08:26:22 -08'00'

01/28/2025

SIGNATURE OF PERSON MAKING CLAIM

DATE

Approved for Payment [Signature] Account No. 01-2-500-257 Vendor No.



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

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

NAME: Laura Hougham

DATE: 04/24/2025

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Airfare and accommodation expenses for June 2025 PIBC conference

| Date                             | Description of Expense<br>(include from & to" for km's traveled)         | Expenses<br>\$ Amount | Kilometers Traveled |         |
|----------------------------------|--------------------------------------------------------------------------|-----------------------|---------------------|---------|
|                                  |                                                                          |                       | Paved               | Unpaved |
| 04/18/2025                       | Airbnb receipt for 3 nights accommodation in Vancouver June 10-13/25     | 943.85                |                     |         |
| 04/17/2025                       | June 10/25 Westjet flight from Comox to Vancouver                        | 110.21                |                     |         |
| 04/23/2025                       | June 13 Pacific Coastal Airlines flight from Vancouver to Campbell River | 195.05                |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       |                     |         |
|                                  |                                                                          |                       | 0                   |         |
| FORMULAS - PLEASE<br>LEAVE AS IS | SUB-TOTAL                                                                | \$ 1249.11            | 0                   | 0       |
|                                  | RATE/KM                                                                  | n/a                   | \$ 0.72             | \$ 0.84 |
|                                  | TOTAL CLAIM                                                              | \$ 1,249.11           | \$ 0.00             | \$ 0.00 |

(a)

(b)

(c)

(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

**TOTAL EXPENSES** \$ 1,249.11

**Less Advance**  
**Acct 01-3-000-649** \$

**NET CLAIM** \$ 1,249.11

"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."

**Laura Hougham**

Digitally signed by Laura Hougham  
Date: 2025.04.24 08:19:13 -07'00'

**04/24/2025**

SIGNATURE OF PERSON MAKING CLAIM

DATE

Approved for  
Payment *A. Wilson*

**01-2-500-320**  
Account No.

Vendor No.

002275



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

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

NAME: Laura Hougham

DATE: 06/18/2025

ADDRESS:

PURPOSE OF CLAIM: PIBC (Vancouver)

| Date                          | Description of Expense<br>(include from & to" for km's traveled)    | Expenses<br>\$ Amount | Kilometers Traveled |                  |
|-------------------------------|---------------------------------------------------------------------|-----------------------|---------------------|------------------|
|                               |                                                                     |                       | Paved               | Unpaved          |
| 06/10/2025                    | Breakfast, Lunch, Dinner                                            | 80.00                 |                     |                  |
| 06/11/2025                    | Breakfast, Dinner                                                   | 55.00                 |                     |                  |
| 06/12/2025                    | Breakfast                                                           | 20.00                 |                     |                  |
| 06/13/2025                    | Breakfast, Lunch, Incidentals                                       | 90.00                 |                     |                  |
| 06/10/2025                    | Mileage from CR to Comox Airport                                    |                       | 55                  |                  |
| 06/10/2025                    | Uber to Hotel and to Conference Centre                              | 19.43                 |                     |                  |
| 06/11/2025                    | Uber to/from Conference Centre and evening event                    | 29.64                 |                     |                  |
| 06/12/2025                    | Uber to/from Conference Centre and evening event <del>\$33.45</del> | <del>23.77</del>      |                     |                  |
| 06/13/2025                    | Uber to Conference Centre                                           | 9.04                  |                     |                  |
| 06/13/2025                    | Mileage from CR Airport/return                                      |                       | 15.6                |                  |
|                               |                                                                     |                       | 0                   |                  |
| FORMULAS - PLEASE LEAVE AS IS |                                                                     | SUB-TOTAL             | \$ 326.88           | 70.6 0           |
|                               |                                                                     | RATE/KM               | n/a                 | \$ 0.72 \$ 0.84  |
|                               |                                                                     | TOTAL CLAIM           | \$ 326.88           | \$ 50.83 \$ 0.00 |

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

TOTAL EXPENSES \$ 377.71

 Less Advance  
Acct 01-3-000-649 \$

NET CLAIM \$ 377.71

"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."

 Laura Hougham Digitally signed by Laura Hougham  
 Date: 2025.06.18 18:18:55 -07'00'

06/18/2025

SIGNATURE OF PERSON MAKING CLAIM

DATE

Approved for  
Payment

Account No. 01-2-500-320

Vendor No.