Strathcona REGIONAL DISTRICT

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

# STAFF EXPENSE CLAIM FORM
**EXEMPT STAFF**

**NAME:** Laura Hougham **DATE:** 09/13/2024

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** Professional Development

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 09/07/2024 | University of Waterloo Graduate Studies in Planning - Fall 2024 Tuition | 1,287.11 | | |
| | 01-2-500-319 | | | |
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| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ NaN | 0 | 0 |
| | RATE/KM | n/a | $ 0.70 | $ 0.82 |
| | TOTAL CLAIM | $ 0.00 | $ 0.00 | $ 0.00 |
| | | (a) | (b) | (c) |

(a+b+c)

| | |
|---|---|
| TOTAL EXPENSES | $ 1,287.11 |
| Less Advance Acct 01-3-000-649 | $ ——— |
| NET CLAIM | $ 1,287.11 |

**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."

Laura Hougham Digitally signed by Laura Hougham Date: 2024.09.13 14:52:03 -07'00'

SIGNATURE OF PERSON MAKING CLAIM

09/13/2024

DATE

| | | |
|---|---|---|
| Approved for Payment [signature] | 01-2-500-319 Account No. | Vendor No. |

Strathcona REGIONAL DISTRICT

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

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

**NAME:** Laura Hougham **DATE:** 09/13/2024

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** meal expense claim

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 09/12/2024 | Dinner expenses - Cortes Island Zoning Bylaw public engagement | 15.32 | | |
| | Code: 01-2-500-320 N272 | | | |
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| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 15.32 | 0 | 0 |
| | RATE/KM | n/a | $ 0.70 | $ 0.82 |
| | TOTAL CLAIM | $ 15.32 | $ 0.00 | $ 0.00 |
| | | (a) | (b) | (c) |

(a+b+c)

| | |
|---|---|
| TOTAL EXPENSES | $ 15.32 |
| Less Advance Acct 01-3-000-649 | $ |
| NET CLAIM | $ 15.32 |

**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."

Laura Hougham Digitally signed by Laura Hougham Date: 2024.09.13 15:37:08 -07'00' — 09/13/2024

SIGNATURE OF PERSON MAKING CLAIM — DATE

| | | |
|---|---|---|
| Approved for Payment [signature] | 01-2-500-320 Account No. | Vendor No. |

N290

Merci
Laura will use her PCard next time.
Thanks!
[signature]

Strathcona REGIONAL DISTRICT

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

# STAFF EXPENSE CLAIM FORM
**EXEMPT STAFF**

**NAME:** Laura Hougham **DATE:** 10/23/2024

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** PIBC Legal Seminar in Nanaimo

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 10/17/2024 | Commute to and from Nanaimo back to Campbell River | | 290 | |
| | | | | |
| 10/17/2024 | Per Diem Breakfast Allowance | 20.00 | | |
| | | | | |
| 10/17/2024 | Per Diem Dinner Allowance | 35 | | |
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| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 55 | 290 | 0 |
| | RATE/KM | n/a | $ 0.70 | $ 0.82 |
| | TOTAL CLAIM | $ 55.00 | $ 203.00 | $ 0.00 |
| | | (a) | (b) | (c) |

| | |
|---|---|
| TOTAL EXPENSES (a+b+c) | $ 258.00 |
| Less Advance Acct 01-3-000-649 | $ |
| NET CLAIM | $ 258.00 |

**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."

Laura Hougham — Digitally signed by Laura Hougham Date: 2024.10.23 15:41:02 -07'00'

SIGNATURE OF PERSON MAKING CLAIM

10/23/2024

DATE

| | | | |
|---|---|---|---|
| Approved for Payment | [signature] | 01-2-500-320 Account No. | Vendor No. |

Strathcona REGIONAL DISTRICT

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

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

NAME: Laura Hougham DATE: 12/04/2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: Meal Allowance for Area C OCP evening event on Quadra Island

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 11/27/2024 | dinner meal allowance for Area C OCP evening engagement session | 35.00 | | |
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| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 35 | 0 | 0 |
| | RATE/KM | n/a | $ 0.70 | $ 0.82 |
| | TOTAL CLAIM | $ 35.00 | $ 0.00 | $ 0.00 |
| | | (a) | (b) | (c) |

| | |
|---|---|
| | (a+b+c) |
| TOTAL EXPENSES | $ 35.00 |
| Less Advance Acct 01-3-000-649 | $ |
| NET CLAIM | $ 35.00 |

**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."

Laura Hougham
Digitally signed by Laura Hougham
Date: 2024.12.04 12:19:09 -08'00'

SIGNATURE OF PERSON MAKING CLAIM

12/04/2024
DATE

| | | |
|---|---|---|
| Approved for Payment | 01-2-500-320 Account No. | Vendor No. |

Cost Centre N265