

STAFF TRAVEL FORM

CLAIM	X
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DATE: 28-May-20

Address: [REDACTED]

Purpose of Travel: _____ site visits

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
	N/A.	N/A	\$0.00
	I certify that these goods and/or services have been received that they are required for the operations of the Regional District and I approve this invoice for payment.  _____ Date May 29, 2010 _____ Purpose of Expenditure _____ _____		
	Please refer to page 2/2.		

TOTAL	\$0.00
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	Actual Cost @ Gov't rates
1. Commercial Accommodation	
2. Non-Commercial Accommodation	\$35/night
3. Per Diem and Meal Allowance	\$125/day
Rate breakdown	
Breakfast - \$20	
Lunch - \$25	
Dinner - \$35	
Incidentals - \$45 (for trips in excess of 24 hours only)	
4. All other expenses	Actual Cost

CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B)	\$52.39
TOTAL EXPENSES (A + B)	\$52.39
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$52.39

"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."

Jesse HUMPHREY
SIGNATURE OF PERSON MAKING CLAIM

May 28, 2020

**APPROVED FOR
PAYMENT**

ACCOUNT No.

VENDOR No.

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AUTOMOBILE DISTANCE EXPENSES

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

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved (A)	Distance on Unpaved (B)
May 15 2020	office	quadra ✓	q-cove sewer inspection	7.4	
	Quadra	office ✓	Code: 03-2-331-320	7.4	14.8 km
14-May ✓	office	Dillman rd ✓	pre construction meeting	16	
	Dillman rd	office ✓	Code: 02-2-319-320	16	32 km
05-May ✓	office	quadra ✓	sewer connections inspection	5	
	quadra	office ✓	Code: 03-2-331-320	5	10 km
21-May ✓	office	Dillman Rd ✓	pre-con exploratory vactoring of main	16	
	Dillman Rd	office ✓	Calc: 02-2-319-320	16	32 km
Totals: 24.8 km to 03-2-331-320 \$14.63					
• 64 km to 02-2-319-320 \$37.76					
I Certify that these goods and / or services have been received; that they are required for the operations of the Regional District and I approve this invoice for payment. Signature _____ Date _____ Purpose of Expenditure _____ Account # _____					
TOTAL DISTANCE TRAVELED - KM				88.8	0
RATE PER KM				\$0.59	\$0.71
TOTAL DISTANCE EXPENSE				\$52.39	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)					
CARRY FORWARD TO FRONT				(B)	\$52.39

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

STAFF TRAVEL FORM

ADVANCE

CLAIM

X

NAME: Jesse Humphreys

DATE: 17-Jul-20

Address:

Purpose of Travel:

site visits

[illegible]

TOTAL

\$0.00

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 | \$125/day |
| Rate breakdown | |
| Breakfast - \$20 | |
| Lunch - \$25 | |
| Dinner - \$35 | |
| Incidentals - \$45 (for trips in excess of 24 hours only) | |
| 4. All other expenses | Actual Cost |

**CARRY FORWARD OF AUTOMOBILE
DISTANCE EXPENSES (B)**

\$45.90

TOTAL EXPENSES (A + B)

\$45.90

LESS ADVANCE

ACCOUNT No. 01-3-000-649

\$0.00

NET CLAIM

\$45.90

"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."

Jesse Humphreys

23-Jul-20

SIGNATURE OF PERSON MAKING CLAIM

DATE _____

APPROVED FOR
PAYMENT

ACCOUNT No.

VENDOR No.

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

AUTOMOBILE DISTANCE EXPENSES

[illegible]