



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

STAFF EXPENSE CLAIM FORM
USW STAFF

NAME: Amy Lottis

DATE: 05/15/2025

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Travel expenses for BCRPA Symposium

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
05/05/2025	BC Ferries	20.00		
05/06/2025	Lunch	20.00		
05/06/2025	Dinner	25.00		
05/06/2025	Accommodations & Parking x3 nights	901.11		
05/07/2025	Dinner	25.00		
05/09/2025	Breakfast	15.00		
05/09/2025	Lunch	20.00		
05/10/2025	BC Ferries	20.00		
05/09/2025	Incidentals	45.00		
05/06/2025	Parking	60.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 1151.11	0	0
	RATE/KM	n/a	\$ 0.72	\$ 0.84
	TOTAL CLAIM	\$ 1,151.11	\$ 0.00	\$ 0.00

(a) (b) (c)

(a+b+c)

TOTAL EXPENSES \$ 1,151.11

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

NET CLAIM \$ 1,151.11

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 => \$75/day
Rate Breakdown:
Breakfast -> \$15
Lunch -> \$20
Dinner -> \$25
Incidentals -> \$15 (for trips in excess of 24 hrs only)
- 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."

Amy Lottis
SIGNATURE OF PERSON MAKING CLAIM

05/15/2025
DATE

Approved for Payment <u><i>[Signature]</i></u>	Account No.	Vendor No.
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