Strathcona
REGIONAL DISTRICT
990 Cedar Street, Campbell River, BC, V9W 7Z8

RECEIVED
SEP 19 2025
Strathcona Regional District

002371

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Christopher Maccaccini DATE: Sept 11, 2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Air brake course

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
Sept 6, 2025	From Sayward to Campbell River return		163	
Sept 7, 2025	From Sayward to Campbell River return		163	
Sept 9, 2025	Air brakes test - ICBC	15.00		
Sept 9, 2025	Licence with air brakes endorsement	17.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 32.00	0	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 32.00 (a)	$ 234.72 (b)	$ 0.00 (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 (a+b+c)	$ 266.72
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 266.72

"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."

Christopher D Maccaccini
SIGNATURE OF PERSON MAKING CLAIM

Sept. 11, 2025
DATE

Approved for Payment	Account No. 01-2-272-387 M138	Vendor No.

Cost to be reimbursed by Village of Sayward