



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

**STAFF EXPENSE CLAIM FORM**  
USW STAFF

NAME: Kiersten McLeod

DATE: 11/13/2023

ADDRESS: \_\_\_\_\_

PURPOSE OF CLAIM: Island Fitness Coference

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
10/28/2023	Dinner	25.00		
10/29/2023	Breakfast, Lunch, Dinner, incedentals	75.00		
<b>SUB-TOTAL</b>		\$ 100	0	0
<b>FORMULAS - PLEASE LEAVE AS IS</b>		<b>RATE/KM</b>	n/a	\$ 0.68 \$ 0.80
<b>TOTAL CLAIM</b>		\$ 100.00	\$ 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 => \$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

**TOTAL EXPENSES** \$ 100.00

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

**NET CLAIM** \$ 100.00

"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."

KM McLeod  
SIGNATURE OF PERSON MAKING CLAIM

11/13/2023  
DATE

Approved for Payment \_\_\_\_\_ Account No. 01-2-640-319 Vendor No. \_\_\_\_\_

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