Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

ADVANCE [ ] CLAIM [X]

NAME: Karl Neufeld DATE: Apr 16.20

Address: [redacted]

Purpose of Claim: travel costs for personal vehicle during Covid 19

DATE	DESCRIPTION OF EXPENSE	AMOUNT
	km	188.21
	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 EXPENSES (B)	$0.00
TOTAL EXPENSES (A + B)	$0.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	$0.00
NET CLAIM	$0.00

"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."

SIGNATURE OF PERSON MAKING CLAIM

4.16.20
DATE

APPROVED FOR PAYMENT	01-2-285-320 ACCOUNT No.	VENDOR No.

G:\Finance\Payroll\Forms\SRD Staff Expense Claim Form 2020.pdf Staff

4/1/2020

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

EXPENSES

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved (A)	Distance on Unpaved (B)
For PP8	Mar 22 –	Apr 4		147 km	
For PP9	Apr 5 –	Apr 18		172	

TOTAL DISTANCE TRAVELED - KM	188.21 0	0
RATE PER KM	$0.59	$0.71
TOTAL DISTANCE EXPENSE	$0.00	$0.00
TOTAL EXPENSES ($ PAVED + $ UNPAVED)		188.21
CARRY FORWARD TO FRONT (B)		$0.00

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

ADVANCE [ ] CLAIM [X]

NAME: Karl Nerfell DATE: June 29. 20

Address: [redacted]

Purpose of Claim: personal vehicle use during inspections due to Covid

DATE	DESCRIPTION OF EXPENSE	AMOUNT
June 29	travel claims for May & June	
	@$.59/km May travel 255 km	150.45
	@$.59/km June travel 276 km	162.84
	* See log provided on reverse * AN	
	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 EXPENSES (B)	$0.00
TOTAL EXPENSES (A + B)	$0.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	$0.00
NET CLAIM	313.29 ~~$0.00~~

"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."

SIGNATURE OF PERSON MAKING CLAIM

June 29 20
DATE

APPROVED FOR PAYMENT	ACCOUNT No.	VENDOR No.
J. Nelson	01-2-~~285~~-320	

May week 1 60 km
week 2 71 km
week 3 58 km
week 4 66 km

AN.

June week 1 91
week 2 70
week 3 54
week 4/5 93