

Strathcona
REGIONAL DISTRICT

301 - 990 Cedar Street Campbell River B.C. V9W 1Z8

STAFF EXPENSE CLAIM FORM

ADVANCE ☐ CLAIM ☒

NAME: Karl Newfeld DATE: Apr 16.20
Address: [REDACTED]
Purpose of Claim: travel costs for personal vehicle
during Covid 19

DATE	DESCRIPTION OF EXPENSE	AMOUNT
	<u>Km</u>	<u>188.21</u>

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

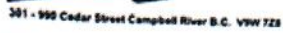
CARRY FORWARD OF EXPENSES (B)	\$0.00
TOTAL EXPENSES (A + B)	\$0.00
LESS ADVANCE	
ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$0.00

"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]
SIGNATURE OF PERSON MAKING CLAIM

4.16.20
DATE

APPROVED FOR PAYMENT <u>[Signature]</u>	01-2-285-320	
	ACCOUNT No.	VENDOR No.

[illegible]

STAFF EXPENSE CLAIM FORM

ADVANCE ☐

CLAIM ☒

NAME:	<u>Karl Newell</u>	DATE:	<u>June 29. 20</u>
Address:			
Purpose of Claim:	<u>personal vehicle use during inspections due to Covid</u>		

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	<u>313.29</u> \$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 <u>J. Nelson</u>	ACCOUNT No. <u>01-2-285-320</u>	VENDOR No.
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May week 1 60 km
week 2 71 km
week 3 58 km
week 4 66 km

AN.

June week 1 49
week 2 70
week 3 54
week 4/5 83