Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Elaine Popove **DATE:** 06/22/2023

ADDRESS: 990 Cedar St

PURPOSE OF CLAIM: Professional Development - LGMA Communications Forum

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
06/12/2023	From SRD to Mariott Courtyard, Nanaimo		154	
06/13/2023	From Mariott Courtyard, Nanaimo to SRD		154	
06/12/2023	Dinner	35		
06/13/2023	Dinner	35		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 70	308	0
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 70.00 (a)	$ 209.44 (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)	$ 279.44
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 279.44

"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 — 06/22/2023 DATE

Approved for Payment		01-2-118-320-A066 Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Elaine Popove DATE: 10/04/2023

ADDRESS: [redacted]

PURPOSE OF CLAIM: Community Services Dept Support

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
09/26/2023	Oyster Bay Resort - Public Hearing (from office to resort)		18	
09/26/2023	Oyster Bay Resort Public Hearing (from resort to home)		14	
10/05/2023	Oyster Bay Resort - OCP Planning Event (from office to resort)		18	
10/05/2023	Oyster Bay Resort - OCP Planning Event (from resort to home)		14	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	64	0
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 0.00	$ 43.52	$ 0.00
		(a)	(b)	(c)

01-2-500-320-N290

01-2-500-320-N269

43.52

	(a+b+c)
TOTAL EXPENSES	$ 31.28
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 31.28

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**

"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."

E. Popove A. Wilson — Oct. 4/23

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	Account No. (See above)	Vendor No. Oct 12/23