

EXEMPT STAFF

NAME: Bailey Kaga

DATE: 12/03/2023

ADDRESS: _____

PURPOSE OF CLAIM: PUBLIC HEARING Bylaw No. 530 and 531 - DINNER

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
12/04/2023	PUBLIC HEARING Bylaw No. 530 and 531 - DINNER	35.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 35	0	0
	RATE/KM	n/a	\$ 0.68	\$ 0.80
	TOTAL CLAIM	\$ 35.00	\$ 0.00	\$ 0.00

(c)

 $(a+b+c)$

TOTAL EXPENSES	\$ 35.00
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Less Advance Acct 01-3-000-649	\$
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NET CLAIM	\$ 35.00
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"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."

12/05/2023

DATE _____

SIGNATURE OF PERSON MAKING CLAIM

Approved for
Payment

01-2-111-284
Account No.

Vendor No.

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bailey Raga

DATE: 12/13/2023

ADDRESS: _____

PURPOSE OF CLAIM: Public Hearing - Bylaw 528 - Cortes - Lunch

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
12/11/2023	Lunch - Public Hearing	25.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 25	0	0
	RATE/KM	n/a	\$ 0.68	\$ 0.80
	TOTAL CLAIM	\$ 25.00	\$ 0.00	\$ 0.00

(a)

(b)

(c)

 $(a+b+c)$

TOTAL EXPENSES	\$ 25.00
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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

Less Advance Acct 01-3-000-649	\$
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NET CLAIM	\$ 25.00
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SIGNATURE OF PERSON MAKING CLAIM

DATE _____

Approved for
Payment

Account No. 0

Vendor No.