



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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kelsie Robinson

DATE: 09/16/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Mileage re-imbursement for travel to First Aid Instructor Course

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled		
			Paved	Unpaved	
09/06/2024	Campbell River to Surrey 198 KM		198		
09/07/2024	Surrey to Campbell River		198		
FORMULAS - PLEASE LEAVE AS IS		SUB-TOTAL	\$ 0	396	0
		RATE/KM	n/a	\$ 0.70	\$ 0.82
		TOTAL CLAIM	\$ 0.00	\$ 277.20	\$ 0.00

(a) (b) (c)

(a+b+c)

TOTAL EXPENSES	\$ 277.20
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Less Advance Acct 01-3-000-649	\$
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NET CLAIM	\$ 277.20
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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 => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- 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."

SIGNATURE OF PERSON MAKING CLAIM [Signature]

DATE Sept 16, 2024

Approved for Payment <u>[Signature]</u>	Account No. <u>01-2-272-320</u>	Vendor No.
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Shawn Koveema

SCANNED



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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kelsie Robinson

DATE: Oct 9, 2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Travel in personal vehicle to First Aid Instructor Course in Surrey

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled		
			Paved	Unpaved	
09/27/2024	Campbell River to Best Western Surrey		220		
09/30/2024	Best Western Surrey to Campbell River		220		
FORMULAS - PLEASE LEAVE AS IS		SUB-TOTAL	\$ 0	440	0
		RATE/KM	n/a	\$ 0.70	\$ 0.82
		TOTAL CLAIM	\$ 0.00	\$ 308.00	\$ 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 => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

TOTAL EXPENSES \$ 308.00

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

NET CLAIM \$ 308.00

A609

"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: [Signature] Shan

DATE: Oct 9, 2024

Approved for Payment: 01-2-272-320 A069 Account No. Vendor No.