

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: Jude Schooner
Address: [REDACTED]
Purpose of Travel: SRD Board Meeting
Dates of Travel: Jan. 9-10/18

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
01/09/18	Tahsis	Campbell River	SRD Meeting	90	67
01/10/18	Campbell River	Tahsis	" "	90	67

TOTAL DISTANCE TRAVELED	180 KM	134 KM
RATE PER KM (2017 CRA rate/BL167)	0.55 \$0.84 / KM	0.67 \$0.68 / KM
TOTAL DISTANCE EXPENSE	\$99.00	\$91.32
TOTAL EXPENSES	(A) \$	185.64
(PAVED + UNPAVED)	188.78	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation Actual Cost @ Gov't rates
Non-Commercial Accommodation \$35/night

2. Overnight travel per diem (24 hour period) \$75/24 hrs
(less meals provided)

3. Meal Charges (not overnight) Breakfast - \$15
Lunch - \$20
Dinner - \$25

4. Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	130.00
TOTAL EXPENSES (A + B)	\$	315.64
LESS ADVANCE	\$	
ACCOUNT No. 013900649	\$	
NET CLAIM	\$	318.80
Verified by:		W

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]
SIGNATURE OF PERSON MAKING CLAIM

January 10, 2018
DATE

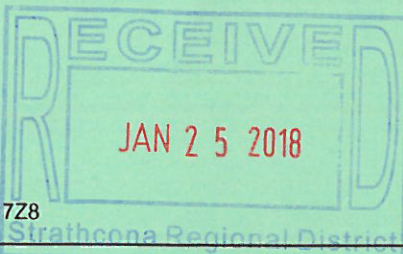
ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Page 2 of 2

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DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE

CLAIM

NAME: JULIE COLBORN

Address: [REDACTED]

Purpose of Travel: FNRC / MSC / BOARD MTGS

Dates of Travel: 1/25/18

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
1/25/18	ZEBALLOS	CR	FNRC / MSC / BOARD MTGS	154	42
1/25/18	CR	ZEB	"	154	42

TOTAL DISTANCE TRAVELED	308 KM	84 KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 169.40	\$ 56.28
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 225.68	

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | \$35/night |
| 3. Overnight travel per diem (24 hour period) (less meals provided) | \$75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - \$15
Lunch - \$20
Dinner - \$25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

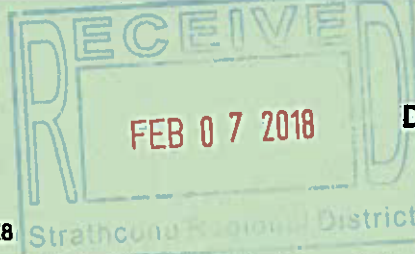
CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ 225.68
Verified by:	<u>meu</u>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

[Signature]
SIGNATURE OF PERSON MAKING CLAIM

1/25/18
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____



DIRECTOR EXPENSE CLAIM FORM

ADVANCE

CLAIM

NAME: Jude Schooner

Address: [REDACTED]

Purpose of Travel: SRD Board Meeting

Dates of Travel: Feb. 6/18

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
02/06/18	Tahsis	C.R.	SRD Board Meeting	90	67
02/06/18	Campbell River	Tahsis	" " "	90	67

TOTAL DISTANCE TRAVELED	180 KM	134 KM
RATE PER KM (2018 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$ 99.00	\$ 89.78
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 188.78	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$ 188.78
LESS ADVANCE	\$
ACCOUNT NO. 013000649	
NET CLAIM	\$ 188.78
Verified by:	<u>[Signature]</u>

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SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ CC1 _____

