Strathcona REGIONAL DISTRICT

301-990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM

EXEMPT STAFF

NAME: Meredith Starkey **DATE:** 2023-Apr-11

ADDRESS: [redacted]

PURPOSE OF CLAIM: UBCM Housing Conference - April 4-5, 2023

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
2023-Apr-03	From Campbell River to BC Ferry Terminal at Departure Bay (Nanaimo)		151.00	-
2023-Apr-05	From BC Ferry Terminal at Departure Bay (Nanaimo) to Campbell River		151.00	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ -	302.00	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ -	$ 205.36	$ -
		(a)	(b)	(c)

TOTAL EXPENSES (a+b+c)	$ 205.36
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 205.36

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."

Meredith Starkey
SIGNATURE OF PERSON MAKING CLAIM

April 14, 2023
DATE

Approved for Payment G. Nelson	01-2-500-320 Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

301-990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Meredith Starkey DATE: 2023-Dec-12

ADDRESS: [redacted]

PURPOSE OF CLAIM: Public Hearing - Bylaw No. 528 and Area B Zoning Bylaw Open House

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
2023-Dec-11	Meal Allowance - Lunch	$ 25.00		-
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 25.00	-	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 25.00	$ -	$ -
		(a)	(b)	(c)

TOTAL EXPENSES (a+b+c)	$ 25.00
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 25.00

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."

Meredith Starkey
SIGNATURE OF PERSON MAKING CLAIM

Dec. 12, 2023
DATE

Approved for Payment A Nelson	01-2-500-320 Account No.	Vendor No. N272