Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

EXEMPT STAFF

NAME: Madison Stewart **DATE:** April 12 2023

ADDRESS: [redacted]

PURPOSE OF CLAIM: Travel to/from UBCM Housing Together Summit (Vancouver)

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
April 3 2023	Campbell River to Nanaimo 140KM		140.00	
April 3 2023	Nanaimo to Vancouver Ferry	$ 18.95		
April 3 2023	Lunch and Dinner	$ 60.00		
April 3 2023	Incidentals	$ 45.00		
April 4 2023	Dinner	$ 35.00		
April 5 2023	Incidentals	$ 45.00		
April 5 2023	Dinner	$ 35.00		
April 5 2023	Uber to Sea Plane	$ 14.18		
April 5 2023	Sea Plane Vancouver to Nanaimo	$ 145.99		
April 5 2023	Nanaimo to Campbell River 140KM		140.00	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 399.12	280.00	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 399.12	$ 190.40	$ -
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 589.52
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 589.52

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."

M Stewart — SIGNATURE OF PERSON MAKING CLAIM

April 12th 2023 — DATE

Approved for Payment A. Nelson	01-2-118-320 A163 Account No.	Vendor No.

yes

https://strathconard.sharepoint.com/sites/FinancialServices/SiteAssets/SitePages/Home/Copy of Travel-Expense-Form-- UBCM Housing Together April 2023

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart **DATE:** May 08 2023

ADDRESS: [redacted]

PURPOSE OF CLAIM: Return Travel to Sayward

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
May 5th 2023	Mileage to/from Sayward		136.00	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ -	136.00	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ -	$ 92.48	$ -
		(a)	(b)	(c)

TOTAL EXPENSES (a+b+c)	$ 92.48
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 92.48

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."

M Edwards

SIGNATURE OF PERSON MAKING CLAIM

May 08 2023

DATE

Approved for Payment A. Nelson	01-2-118-320 A163 Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart DATE: May 4th

ADDRESS: [redacted]

PURPOSE OF CLAIM: Trip to Kyuquot

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
2023-May-01	Lunch, Dinner	$ 60.00		
2023-May-02	Breakfast, Lunch, Dinner, Incidentals	$ 125.00		
2023-May-03	Breakfast, Lunch, Dinner, Incidentals	$ 125.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 310.00	-	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 310.00	$ -	$ -
		(a)	(b)	(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

	(a+b+c)
TOTAL EXPENSES	$ 310.00
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 310.00

"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."

M Stewart
SIGNATURE OF PERSON MAKING CLAIM

May 4 2023
DATE

Approved for Payment	Account No.	Vendor No.
A. Wells	01-2-118-320 A163	

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart **DATE:** May 31 2023

ADDRESS: [redacted]

PURPOSE OF CLAIM: CHN Coordinator Meet Up & Learning Day 2023

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
May 29 2023	Campbell River to Coast Bastion Hotel		143.00	
May 30 2023	Breakfast	$ 20.00		
May 30 2023	Coast Bastion to VIU to Campbell River		144.00	
May 30 2023	Incidentals	$ 45.00		
May 30 2023	Parking at VIU	$ 7.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 72.00	287.00	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 72.00	$ 195.16	$ -
		(a)	(b)	(c)

TOTAL EXPENSES (a+b+c)	$ 267.16
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 267.16

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."

SIGNATURE OF PERSON MAKING CLAIM — DATE: May 31 2023

Approved for Payment	Account No. 01-2-119-320 A163	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart **DATE:** 08/25/2023

ADDRESS: [redacted]

PURPOSE OF CLAIM: Meeting and Tour in Sayward

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
08/25/2023	Pick up organization partner in Campbell River and return to Sayward		160	
08/25/2023	Lunch	25.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 25	160	0
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 25.00	$ 108.80	$ 0.00
		(a)	(b)	(c)

	(a+b+c)	
TOTAL EXPENSES	$	133.80
Less Advance Acct 01-3-000-649	$	
NET CLAIM	$	133.80

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."

M Stewart — 05/10/2023

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment: A. Wilson	01-2-118-320 A163 (Account No.)	(Vendor No.)

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart DATE: October 31st 2023

ADDRESS: [redacted]

PURPOSE OF CLAIM:

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
October 26th	From Campbell River to Vancouver		250.00	
October 26th	Dinner	$ 35.00		
October 26th	Non-Commercial Accomodation	$ 35.00		
October 27th	Dinner	$ 35.00		
October 27th	From Vancouver to Campbell River		260.00	
October 27th	Incidentals	$ 45.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 150.00	510.00	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 150.00	$ 346.80	$ -
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 496.80
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 496.80

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."

M Stewart — October 31st 2023

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment: A. Nelson	01-2-118-320 A163 Account No.	Vendor No.