Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart **DATE:** February 1 2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: Climate & Health Gathering (Island Health)

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
2024-Jan-23	Campbell River to Nanaimo		150.00	
2024-Jan-23	Dinner	$ 35.00		
2024-Jan-24	Dinner	$ 35.00		
2024-Jan-24	Incidentals	$ 45.00		
2024-Jan-25	Dinner	$ 35.00		
2024-Jan-25	Incidentals	$ 45.00		
2024-Jan-25	Nanaimo to Campbell River		151.00	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 195.00	301.00	-
	RATE/KM	n/a	$ ~~0.68~~ 0.70	$ 0.80
	TOTAL CLAIM	$ 195.00	$ ~~204.68~~ 210.70	$ -
		(a)	(b)	(c)

405.70

	(a+b+c)
TOTAL EXPENSES	$ ~~399.68~~ 405.70
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ ~~399.68~~ 405.70

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

Feb 1 2024 — DATE

Approved for Payment	Account No.	Vendor No.
A. Nelson	01-2 401-320	A163

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart **DATE:** Feb 29 2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: Discovery Island Affordable Housing Society AGM (Quadra Island) & More Eatery return pla

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
Feb 19 2024	SRD to Quadra Island Rec Centre	$9.24	13.2	
Feb 22 2024	Return January Meeting Platters to More Ea	$3.78	5.4	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 13.02	18.6	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 13.02	$ 18.6	$ 0
		(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	$ 13.02
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 13.02

"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."

Madison Stewart

SIGNATURE OF PERSON MAKING CLAIM

February 29th 2024

DATE

Approved for Payment A Nelson	01-2-401-320 A163 Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart **DATE:** Feb 29 2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: BC Legislature Throne Speech and Budget

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
Feb 22 2024	Dinner	$35.00		
Feb 23 2024	Breakfast, incidentals	$65.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 100.00	0	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 100.00	$ 0	$ 0
		(a)	(b)	(c)

TOTAL EXPENSES (a+b+c)	$ 100.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 100.00

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."

Madison Stewart — February 29th 2024

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	A Nelson	01-2-401-320 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: April 22 2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: AVICC Convention 2024

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
2024-Apr-12	Breakfast, Dinner	$ 55.00		
2024-Apr-13	Dinner, Incidentals	$ 80.00		
2024-Apr-14	Breakfast, Incidentals	$ 65.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 200.00	-	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 200.00	$ -	$ -
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 200.00
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 200.00

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."

SIGNATURE OF PERSON MAKING CLAIM

April 22 2024
DATE

Approved for Payment A Nelson	01-2-401-320 A1 Account No.	63 Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM

EXEMPT STAFF

NAME: Madison Stewart **DATE:** July 5 2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: Tahsis Engagement and RSWAC Meeting (Courtenay)

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Kilometers Traveled Unpaved
June 13 2024	Incidentals for overnight in Tahsis	$ 45.00		
June 27 2024	From SRD to CVRD		54.20	
June 27 2024	From CVRD to Home		47.00	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 45.00	101.20	-
	RATE/KM	n/a	$ 0.68	$ 0.80
	TOTAL CLAIM	$ 45.00	$ 68.82	$ -
		(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	$ 113.82
Less Advance Acct 01-3-000-649	$ -
NET CLAIM	$ 113.82

"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."

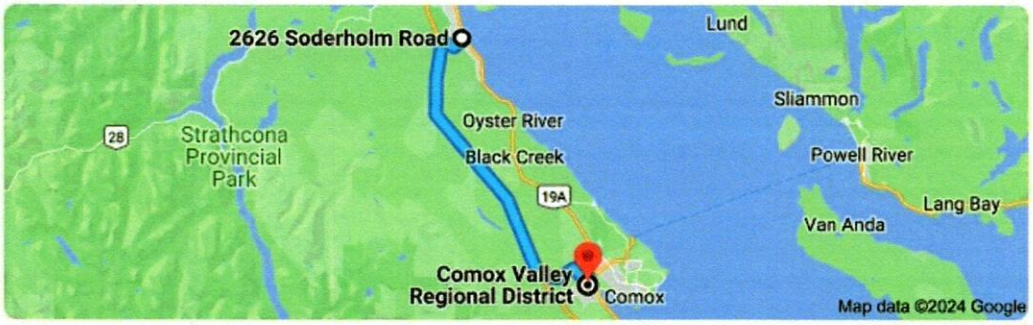
M Stewart
SIGNATURE OF PERSON MAKING CLAIM

July 5 2024
DATE

Approved for Payment	Account No.	Vendor No.
A Wilson	01-2-401-320 A117	

2626 Soderholm Road Campbell River, BC

Comox Valley Regional District, 770 Harmston Ave, Courtenay, BC V9N 2X6



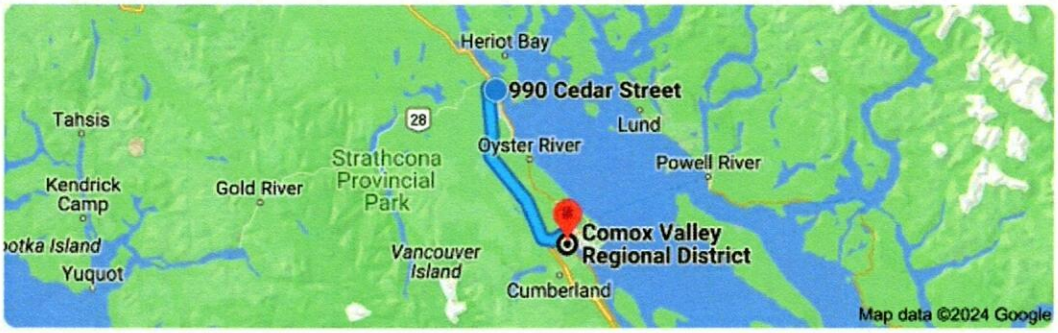
35 min (47.0 km) via BC-19 S

Directions

39 min (39.6 km) via S Island Hwy/BC-19A

990 Cedar Street Campbell River, BC

Comox Valley Regional District, 770 Harmston Ave, Courtenay, BC V9N 2X6



42 min (54.2 km) via Inland Island Hwy/BC-19 S

Directions

48 min (46.2 km) via S Island Hwy/BC-19A S

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Madison Stewart **DATE:** 10/17/2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: Meeting in CR and Ehattis

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
09/18/2024	To/From Rural Coordination Centre Meeting		15.2	
10/16/2024	Breakfast/Lunch in Ehattis	45		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 45	15.2	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 45.00 (a)	$ 10.64 (b)	$ 0.00 (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**

TOTAL EXPENSES (a+b+c)	$ 55.64
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 55.64

"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

Oct 18 2024
DATE

Approved for Payment	A Nelson	Account No. A163 GF195	Vendor No.

> Island Health Community Wellness Grant (2016)