Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: B. Wasyliw **DATE:** 09/17/2024

ADDRESS: 990 Cedar Street

PURPOSE OF CLAIM: PADM 201

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
09/11/2024	Campbell River to Parksville		110	
09/13/2024	Parksville to Campbell River		110	
09/11/2024	Dinner	35		
09/12/2024	Per Diem	125		
09/13/2024	Breakfast and Lunch	45		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 205	220	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 205.00	$ 154.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 359.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 359.00

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."

BW — 09/17/2024

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	dwatson	01-2-111-320 Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: B. Wasyliw **DATE:** 05/30/2024

ADDRESS: 990 Cedar St

PURPOSE OF CLAIM: PH for Bylaws No. 538, 539, 545, & 546

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
05/22/2024	Dinner	35.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 35	0	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 35.00	$ 0.00	$ 0.00
		(a)	(b)	(c)

TOTAL EXPENSES (a+b+c)	$ 35.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 35.00

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 — DATE: 05/30/2024

Approved for Payment	L. Nelson	01-2500-320 Account No.	Vendor No.

N290

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: B. Wasyliw **DATE:** Nov 7, 2024

ADDRESS: 990 Cedar Street

PURPOSE OF CLAIM: PADM 201

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
10/09/2024	Campbell River to Victoria		265	
10/09/2024	Dinner	35		
10/10/2024	Travel to Training Sites		21	
10/10/2024	Per Diem	125		
10/11/2024	Per Diem	125		
10/11/2024	Travel to Training Sites		13	
10/11/2024	Victoria to Campbell River		265	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 285	564	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 285.00	$ 394.80	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 679.80
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 679.80

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."

SIGNATURE OF PERSON MAKING CLAIM — DATE: Nov 7, 2024

Approved for Payment	dwatson	Account No. 01-2-111-320	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: B. Wasyliw **DATE:** Nov 25/24

ADDRESS: 990 Cedar Street

PURPOSE OF CLAIM: PADM 201

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
11/13/2024	Campbell River to Parksville		123	
11/15/2024	Parksville to Campbell River		123	
11/13/2024	Dinner	35		
11/14/2024	Per Diem	125		
11/15/2024	Per Diem	125		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 285	246	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 285.00	$ 172.20	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 457.20
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 457.20

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."

B. Wasyliw
SIGNATURE OF PERSON MAKING CLAIM

Nov 25, 2024
DATE

Approved for Payment d. watson.	01-2-111-320 Account No.	Vendor No.