





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

**STAFF EXPENSE CLAIM FORM  
EXEMPT STAFF**

NAME: B. Wasyliw

DATE: 11/07/2023

ADDRESS: 990 Cedar Street

PURPOSE OF CLAIM: LGMA Conference

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
10/25/2023	Ferry	61.55		
10/27/2023	Ferry	100.80		
<b>SUB-TOTAL</b>		\$ 162.35	0	0
<b>RATE/KM</b>		n/a	\$ 0.68	\$ 0.80
<b>TOTAL CLAIM</b>		\$ 162.35	\$ 0.00	\$ 0.00

(a) (b) (c)  
(a+b+c)

**REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS**

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$125/day  
Rate Breakdown:  
Breakfast -> \$20  
Lunch -> \$25  
Dinner -> \$35  
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

**TOTAL EXPENSES \$ 162.35**

Less Advance  
Acct 01-3-000-649 \$

**NET CLAIM \$ 162.35**

"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 *B. Wasyliw*

DATE Nov 7, 2023

Approved for Payment <u><i>B. Wasyliw</i></u>	Account No. <u>01-2-111-320</u>	Vendor No.
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