Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Edith Watson **DATE:** 05/14/2024

ADDRESS:

PURPOSE OF CLAIM: OPIC - BC FOIPPA Training

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
05/06/2024	Travel from SRD office to Victoria		268	
05/07/2024	Travel from Victoria to Black Creek (Home)		247	
05/07/2024	Breakfast/Lunch	45.00		
	Incidentials	45.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 90	515	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 90.00	$ 360.50	$ 0.00
		(a)	(b)	(c)

	(a+b+c)
TOTAL EXPENSES	$ 450.50
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 450.50

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."

E Watson
SIGNATURE OF PERSON MAKING CLAIM

May 14/2024
DATE

Approved for Payment	01-2-111-320 A130 Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Edith Watson **DATE:** 07/12/2024

ADDRESS:

PURPOSE OF CLAIM: 2024 Village of Sayward By-Election - Advance Poll

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
07/~~12~~10/2024	Travel to Sayward return - 199 km		199	
	Breakfast/lunch/dinner (6 am - 10 pm)	80		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 80	199	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 80.00	$ 139.30	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 219.30
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 219.30

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."

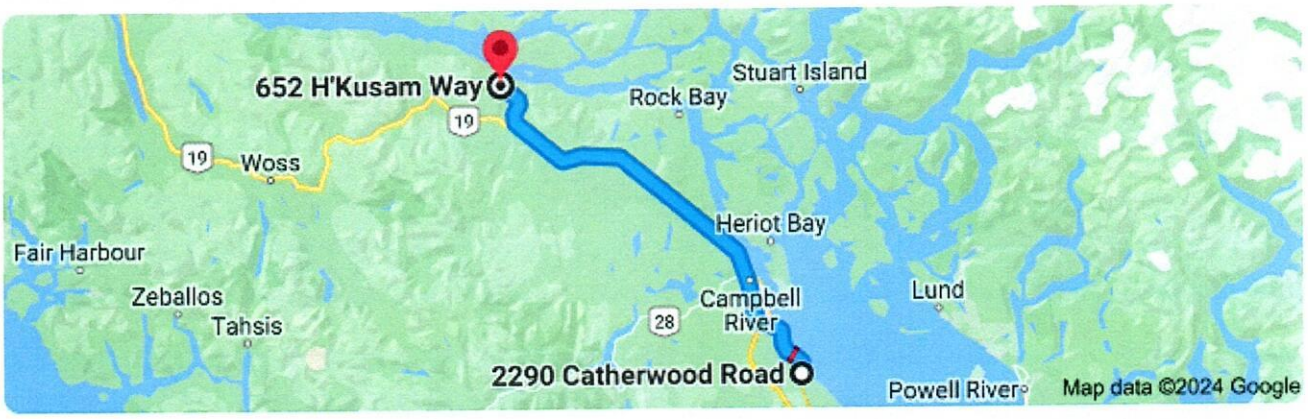
E Watson
SIGNATURE OF PERSON MAKING CLAIM

July 12/2024
DATE

Approved for Payment	01-2-111-320 Account No.	A116 Vendor No.

2290 Catherwood Rd, Comox-Strathcona C, BC

652 H'Kusam Way, Sayward, BC V0P 1R0



1 hr 16 min (99.5 km) via BC-19 N

Directions

1800

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Edith Watson **DATE:** 07/22/2024

ADDRESS:

PURPOSE OF CLAIM: 2024 Village of Sayward By-Election - July 20/24

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
07/20/2024	Travel to Sayward return		199	
07/20/2024	Per Diem Meals	80		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 80	199	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 80.00	$ 139.30	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 219.30
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 219.30

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."

E Watson
SIGNATURE OF PERSON MAKING CLAIM

July 20/2024
DATE

Approved for Payment	Account No. 01-2-111-320 A115	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Edith Watson

DATE: 07/24/2024

ADDRESS:

PURPOSE OF CLAIM: Sayward By-Election - Final Determination of Election Results

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
~~07/24/2024~~ July 23/2024	Travel from Campbell River to Sayward return		153	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	153	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 0.00	$ 107.10	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 107.10
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 107.10

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."

E Watson
SIGNATURE OF PERSON MAKING CLAIM

July 24, 2024
DATE

Approved for Payment	01-2-111-320 A115 Account No.	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Edith Watson **DATE:** 09/23/2024

ADDRESS:

PURPOSE OF CLAIM: Travel to Sayward to deliver final election materials - July 20/24 By-Election

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
Sep 17/23	Travel to Sayward Village office to deliver election materials and			
	review retention and distruction schedule with A/CAO		76.9	
	Return to Regional District Office		76.9	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	153.8	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 0.00	$ 107.66	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 107.66
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 107.66

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."

E Watson — SIGNATURE OF PERSON MAKING CLAIM

Sep 23/24 — DATE

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

1899

Strathcona REGIONAL DISTRICT

PAYMENT REQUISITION

Date October 7/24

Payable To Edith Watson

Mailing Address

Telephone

Date Required Next Chq Run

Requested By Edith Watson

Department Corp Services

GL Account Number	Cost Centre	Details	Amount
01-2-111-320	A130	Corporate Officers Forum - Hotel/Lunch	$ 577.14
		Taxi (from hotel to airport)	$ 53.76

For Finance Department Use:		
Vendor No. _____	Sub Total	$ 630.90
	GST	$ 27.85
	PST	$ 43.04
	Total	$ 701.79

Payment to be: Emailed ☑ Mailed ☐ Picked Up ☐ Return to Requestor ☐

Attachments/Cover Letter Required ☐ Y ☑ N

I certify that these goods and/or services are required for the operations of the of the Regional District and I approve this payment.

Signature dwatson

Date Oct 7/24

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Edith Watson **DATE:** 07/24/2024

ADDRESS:

PURPOSE OF CLAIM: 2024 Corporate Officers Forum

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
Oct 2/24	Travel to Comox Airport from home		27.8	
Oct 4/24	Travel from Comox Airport to home		27.8	
Oct 2/24	Per Deim (less lunch charged to Pcard)	100		
	Oct 2 - no meals provided as part of conference			
	Oct 3 - breakfast/lunch/dinner included in conference			
	Oct 4 - breakfast included in conference			
FORMULAS - PLEASE LEAVE AS IS	**SUB-TOTAL**	$ 100	55.6	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 100.00	$ 38.92	$ 0.00
		(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	$ 138.92
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 138.92

"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."

E Watson
SIGNATURE OF PERSON MAKING CLAIM

Oct 7/24
DATE

Approved for Payment		01-2-111-320 A130. Account No.	Vendor No.