


DIRECTOR EXPENSE CLAIM FORM
Constituency Expenses

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE

CLAIM

 NAME: Gerald Whalley

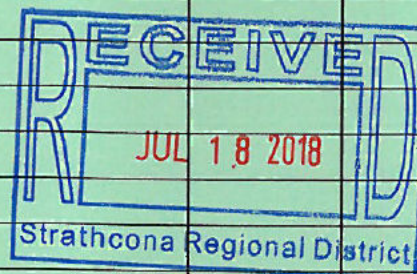
 Address: [REDACTED]

Purpose of Travel: _____

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved



TOTAL DISTANCE TRAVELED (KM)	0	0
RATE PER KM (2015 CRA rate/BL167)	\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE	\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)	\$0.00	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE (B)	\$83.42
TOTAL EXPENSES (A + B)	\$ \$83.42
LESS ADVANCE ACCOUNT No. 013000649	\$
NET CLAIM	\$ \$83.42
Verified by:	<i>[Signature]</i>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

Gerald Whalley
 SIGNATURE OF PERSON MAKING CLAIM

July 18, 2018

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Regional Expenses

ADVANCE

CLAIM

NAME: Gerald Whalley

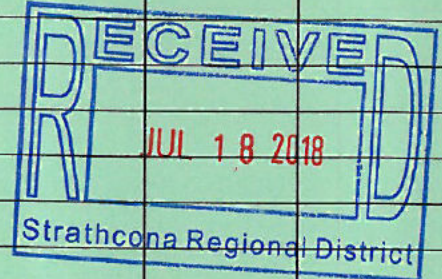
Address:

Purpose of Travel: Regional District Board and Committee meetings.

Dates of Travel: June 20 to July 18, 2018

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	(Return)	
				Distance on Paved	Distance on Unpaved
20-Jun-2018	Campbell River	Quadra Island	Public Hearing	6	
18-Jul-2018	Sayward	Campbell River	EASC & SRD Board meetings	150	
TOTAL DISTANCE TRAVELED (KM)				156	0
RATE PER KM (2015 CRA rate/BL167)				\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE				\$85.80	\$0.00
TOTAL EXPENSES				\$85.80	
(\$ PAVED + \$ UNPAVED) (A)					



PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE (B)	\$45.05
TOTAL EXPENSES (A + B)	\$ \$130.85
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ \$130.85
Verified by:	<i>W</i>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

July 18, 2018

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE
CLAIM

NAME: Gerald Whalley

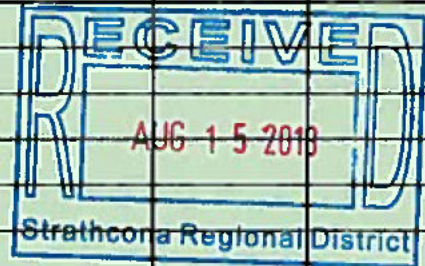
Address:

Purpose of Travel:

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
TOTAL DISTANCE TRAVELED (KM)				0	0
RATE PER KM (2016 CRA rate/BL167)				\$0.55 / KM	\$0.67 / KM
TOTAL DISTANCE EXPENSE				\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$0.00	



PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE (B)	\$50.35
TOTAL EXPENSES (A + B)	\$ 50.35
LESS ADVANCE ACCOUNT No. 013000649	\$
NET CLAIM	\$ 50.35
Verified by:	<i>meu</i>

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

Gerald Whalley
SIGNATURE OF PERSON MAKING CLAIM

August 15, 2018

DATE

ACCOUNT NO. 012 - 130 - 263 CC1 2001

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
11-Aug-2018	Sayward Valley Communications	Internet Service	\$50.35
CARRY FORWARD TO THE FRONT TOTAL (B) \$			\$50.35

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Regional Expenses

ADVANCE

CLAIM

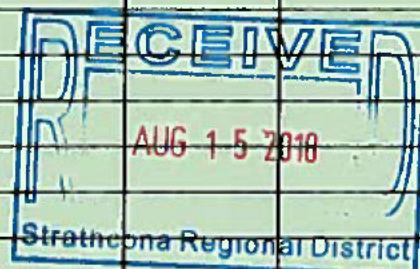
 NAME: Gerald Whalley

Address:

 Purpose of Travel: Regional District Board and Committee meetings.

 Dates of Travel: July 19 to Aug 15, 2018
KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	(Return)	
				Distance on Paved	Distance on Unpaved
19-Jul-2018	Sayward	Campbell River	Public Hearing on Cortez Island	150	
15-Aug-2018	Sayward	Campbell River	EASC & SRD Board meetings	150	
TOTAL DISTANCE TRAVELED (KM)				300	0
RATE PER KM (2015 CRA rate/BL167)				\$0.55 / KM	\$0.57 / KM
TOTAL DISTANCE EXPENSE				\$165.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$165.00	


PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$38/night
3. Overnight travel per diem (24 hour period) (less meals provided)	\$75/24 hrs
3. Meal Charges (not overnight)	Breakfast - \$18 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE (B)	\$45.00
TOTAL EXPENSES (A + B)	\$ \$210.00
LESS ADVANCE ACCOUNT No. 013000649	\$
NET CLAIM	\$ \$210.00
Verified by:	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

Gerald Whalley
 SIGNATURE OF PERSON MAKING CLAIM

August 15, 2018

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

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