

ADVANCE

CLAIM

NAME: Dave Leitch DATE: 18-Oct-17
 Address: SRD
 Purpose of Travel: UBCM Convention
 Dates of Travel: Sept 24 - Sept 29

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals) | AMOUNT |
|------------------|---------------------------------------|---|-----------------------|
| 24-Sep | UBCM Convention | Dinner | \$25.00 |
| Sept 25-28, 2017 | UBCM Convention | Per Diem and meals (sub 1 lunch) | \$280.00 |
| 29-Sep | UBCM Convention | Breakfast/Lunch | \$35.00 |
| <i>SEPT 28</i> | <i>CAO BREAKFAST PAID SEPARATELY.</i> | | <i><15.00 ></i> |
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TOTAL \$340.00
325.00

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

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|---|---------------------------|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | \$35/night |
| 3. Per Diem and Meal Allowance | \$75/day |
| Rate breakdown | |
| Breakfast - \$15 | |
| Lunch - \$20 | |
| Dinner - \$25 | |
| Incidentals - \$15 (for trips in excess of 24 hours only) | |
| 4. All other expenses | Actual Cost |

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|---|----------------------------------|
| CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B) | \$146.88 |
| TOTAL EXPENSES (A + B) | \$486.88 <i>471.88</i> |
| LESS ADVANCE ACCOUNT No. 01-3-000-649 | \$0.00 |
| NET CLAIM | \$486.88 <i>471.88</i> |

"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

Oct 18, 2017

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| APPROVED FOR PAYMENT | ACCOUNT No. | VENDOR No. |
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