



STAFF TRAVEL FORM

ADVANCE

CLAIM

NAME: Debra Wilson DATE: April 12' 2017
 Address: _____
 Purpose of Travel: BCRPA Symposium - Kelowna BC
 Dates of Travel: Tues. April 4 - Sat. April 8, 2017

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Tues. Apr. 4	Meals & incidentals (lunch/dinner)		60.00
Wed. Apr. 5	Incidentals		15.00
Thurs. Apr. 6	Incidentals		15.00
Fri. April 7	Meals & incidentals (lunch/dinner)		60.00 60.00
Sat. April 8			N/A

TOTAL \$0.00

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

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

CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B)	\$0.00
TOTAL EXPENSES (A + B)	\$0.00
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$0.00
NET CLAIM	\$150.00 \$0.00

✓
meals

"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]
SIGNATURE OF PERSON MAKING CLAIM

April 12' 2017
DATE

APPROVED FOR PAYMENT <u>[Signature]</u>	ACCOUNT No. <u>01-2-640-320</u> <u>1469</u> <u>Contenewoo</u>	VENDOR No.
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