



STAFF TRAVEL FORM

ADVANCE

CLAIM

NAME: Pierre Minillon DATE: OCT 27 2017
 Address: [REDACTED]
 Purpose of Travel: Course
 Dates of Travel: Nov 19 & Nov 20 2017

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals) | AMOUNT |
|--------|--------------------------------------|---|------------------|
| NOV 19 | Course Safety Awareness/Travel | | 60 ⁰⁰ |
| NOV 20 | Course Safety Awareness | | 25 ⁰⁰ |
| | course/TRAVEL | | |
| | Dinner/Breakfast/Lunch | Dinner/Breakfast/Lunch | |
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TOTAL 85⁰⁰ \$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 | <u>85⁰⁰</u> \$0.00 |

"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

05 DEC 17
DATE

| | | |
|------------------------------|---------------------------------|------------|
| APPROVED FOR PAYMENT <u></u> | ACCOUNT No. <u>01-2-840-320</u> | VENDOR No. |
|------------------------------|---------------------------------|------------|