

STAFF TRAVEL FORM

ADVANCE

CLAIM

NAME: Edith Watson **DATE:** November 8, 2017

Address: _____

Purpose of Travel: PADM 307 - Ethics and the Local Government Professional (Capilano University)

Dates of Travel: November 1-4, 2017

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Nov 1/17	Meal Allowance	Dinner	\$25.00
Nov 2/17	Per Diem	Meals and Incidentals	\$75.00
Nov 3/17	Per Diem	Meals and Incidentals	\$75.00
Nov 4/17	Per Diem	Meals and Incidentals	\$75.00

TOTAL \$250.00

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)	\$250.00
LESS ADVANCE ACCOUNT No. 013000649	\$0.00
NET CLAIM	\$250.00

"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."

Edith Watson
SIGNATURE OF PERSON MAKING CLAIM

Nov 8/17
DATE

APPROVED FOR PAYMENT <u><i>[Signature]</i></u>	ACCOUNT No. <u>01-2-111-320</u>	VENDOR No.
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