



STAFF TRAVEL FORM

ADVANCE

CLAIM

NAME: Greg Davidson DATE: Nov 27/2017
 Address: [REDACTED]
 Purpose of Travel: Safety Awareness Course
 Dates of Travel: Nov 19 Nov 20

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
	Travel to 600		
Nov 19	Safety Awareness Course	Dinner Breakfast	25
Nov 20	Safety Awareness Course	Lunch, BREAKFAST, DINNER	60

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]
SIGNATURE OF PERSON MAKING CLAIM

Nov 27/2017
DATE

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