Strathcona
REGIONAL DISTRICT

301 - 990 Cedar Street Campbell River B.C. V9W 7Z8

STAFF TRAVEL FORM

ADVANCE [ ] CLAIM [X]

NAME: Karen Tobacca DATE: 04-May-17

Address: K [redacted]

Purpose of Travel: Human Resources Management Association Conference

Dates of Travel: May 1 - 3

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
May 1/16	HRMA Conference	Meals	$25.00
May 2/16	HRMA Conference	Meals	$40.00
May 3/16	HRMA Conference	Meals	$40.00
May 1-3	HRMA Conference	Incidentals	$15.00

TOTAL	$120.00
CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B)	$0.00
TOTAL EXPENSES (A + B)	$120.00
LESS ADVANCE ACCOUNT No. 013000649	$0.00
NET CLAIM	**$120.00**

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

"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."

K. Tobacca
SIGNATURE OF PERSON MAKING CLAIM

May 4/17
DATE

APPROVED FOR PAYMENT	01-2-111-320 E987 ACCOUNT No.	VENDOR No.

g/forms/SRD Staff Travel Form NEW

04/05/2017