

ADVANCE

CLAIM

NAME: Shauna Olsen DATE: May 12/17
 Address: [REDACTED]
 Purpose of Travel: RFA BC
 Dates of Travel: May 9/17

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
May 9/17	Parksville BC (requested by management to take bus schedule + report km driven)	2061 km	

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)	111.24	\$0.00
TOTAL EXPENSES (A + B)		\$0.00
LESS ADVANCE ACCOUNT No. 01-3-000-649		\$0.00
NET CLAIM	111.24	\$0.00

✓ meal

"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."

Shauna Olsen
SIGNATURE OF PERSON MAKING CLAIM

May 12/17
DATE

APPROVED FOR PAYMENT <u>Dlan</u>	01-2-610-320 ACCOUNT No.	VENDOR No.
----------------------------------	-----------------------------	------------

Direct Deposit Recd.

ADVANCE

CLAIM

NAME: Shauna Olsen DATE: Nov 7 2017

Address: _____

Purpose of Travel: World Diving Conference in Vancouver.

Dates of Travel: Oct 16-19 2017.

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Oct 16	Dinner	Vancouver	25.00
Oct 17	Breakfast / Dinner / incidental	Vancouver	55.00
Oct 18	Breakfast / Dinner / incidental	Vancouver	55.00
Oct 19	Breakfast / Dinner / incidental	Vancouver	55.00

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	190.00 \$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."

Shauna Olsen
SIGNATURE OF PERSON MAKING CLAIM

Nov 7/17
DATE

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