Strathcona
REGIONAL DISTRICT

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

STAFF TRAVEL FORM

ADVANCE [ ] CLAIM [X]

NAME: STAN KOTICLA DATE:

Address:

Purpose of Travel: RSA COURSE

Dates of Travel: ~~DEC~~ NOV 19 + 20

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
NOV 19/17		DINNER	25
NOV 20/17		BREAKFAST/LUNCH/DINNER	60

TOTAL	85.00 $0.00
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	85.00 **$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

"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	01-2-640-320 ACCOUNT No.	VENDOR No.