

301 - 990 Cedar Street, Campbell River, BC V9W 7Z8

ADVANCE CLAIM

NAME: Victoria Smith DATE: Feb 6, 2017
 Address: [Redacted] Courtenay
 Purpose of Travel: Prof Devt (PAOM202)
 Dates of Travel: Feb 13: Jan 13-14, Feb 10-11

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals)	AMOUNT
Feb 13/17 Jan 13/17	Caplano U. Course Cowichan	Meal - Dinner Per diem	25
Feb 10/17	Caplano U. Course - Cowichan	Meal - Dinner Per diem	25

TOTAL 0.00 ~~25~~ 50

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 - 371.52
TOTAL EXPENSES (A + B)	421.52
LESS ADVANCE ACCOUNT No. 01-3-000-649	0
NET CLAIM	421.52

"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."

Victoria Smith
SIGNATURE OF PERSON MAKING CLAIM

Feb 6/17
DATE

APPROVED FOR PAYMENT	<u>01-2-319-320 E 984</u> ACCOUNT No.	VENDOR No.
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