Strathcona
REGIONAL DISTRICT

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

# DIRECTOR EXPENSE CLAIM FORM

RECEIVED
JAN 26 2017
Strathcona Regional District

~~ADVANCE~~
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: MSC & RD Meetings
Dates of Travel: Jan 26/17

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Jan 26 | Gold River | Campbell River | MSC & RD Mtgs | 180 | |
| | Return | | | | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 180 KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 97.20 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ ~~99.20~~ 97.20 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Jan 26/17
DATE

UNGBEA1

ACCOUNT NO. 012 - 100 - 320 CC1 D075

JAN 26 17-TRAN

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
|---|---|---|---|
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: SRD
Dates of Travel: Feb 8/17

RECEIVED
FEB 08 2017
Strathcona Regional District

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Feb 8 | Gold River | Campbell River | | 180 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 97.20 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 97.20 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Feb 8/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: C.O.W.
Dates of Travel: Feb 17/17

RECEIVED
FEB 17 2017
Strathcona Regional District

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Feb 17 | Gold River | Campbell River | | 180 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 180 KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ | $ |
| TOTAL EXPENSES (# PAVED + # UNPAVED) | (A) $ 97.20 | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 97.20 |
| Verified by: | W. |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Feb 17/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
|---|---|---|---|
| Feb | | | $ |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: S.R.D.
Dates of Travel: Mar 8/17

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Mar 8 | Gold River | Campbell River | SRD | 90 | |
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RECEIVED
MAR 08 2017
Strathcona Regional District

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|---|---|---|
| TOTAL DISTANCE TRAVELED | KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 48.60 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

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|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 48.60 |
| Verified by: | JW |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Mar 8/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM

ADVANCE
CLAIM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

RECEIVED
MAR 23 2017
Strathcona Regional District

NAME: Brad Unger
Address: Gold River
Purpose of Travel: SRD mtg
Dates of Travel: Mar 23

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Mar 23 | Gold River | Campbell River | SRD | 180 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | KM | KM |
| RATE PER KM (2016 CRA rate) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 97.20 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO POLICY SGP-002**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | $35/night |
| 3. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

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|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000849 | $ |
| NET CLAIM | $ 97.20 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Gardens business as detailed in Policy SGP-002 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE: Mar 23/17

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

RECEIVED
APR 13 2017
Strathcona Regional District

ADVANCE
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: SRD Board Meeting - C.O.W Meeting
Dates of Travel: Apr 12 - 13

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Apr 12 | Gold River | Campbell River | SRD / C.O.W | 90 | |
| Apr 13 | Campbell River | Gold River | | 90 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 180 KM | KM |
| RATE PER KM (2016 CRA rate) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 97.20 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ 97.20 | |

**PURSUANT TO POLICY SGP-002**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | $35/night |
| 3. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ 146.80 |
| TOTAL EXPENSES (A + B) | $ 244.00 |
| LESS ADVANCE<br>ACCOUNT No. 013000640 | $ |
| NET CLAIM | $ 244.00 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Gardens business as detailed in Policy SGP-002 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Apr 13/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
|---|---|---|---|
| Oct 12 | Campbell River SRD-COW | Dinner, | $ 25 ~~00~~ |
| " | " | Hotel | 121.80 |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | 146.80 |

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

RECEIVED
APR 27 2017
Strathcona Regional District

ADVANCE
CLAIM

NAME: BRAD UNGER

Address: GOLD RIVER

Purpose of Travel: SRD, MSC MEETINGS

Dates of Travel: APR 27/17

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| APR 27 | GOLD RIVER - CAMPBELL RIVER | | MSC / SRD | 180 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 180 KM | KM |
| RATE PER KM (2016 CRA rate) | $0.54 / KM | $0.56 / KM |
| TOTAL DISTANCE EXPENSE | $ 97.20 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO POLICY SGP-002**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | $35/night |
| 3. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000640 | $ |
| **NET CLAIM** | $ 97.20 |
| Verified by: | |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Gardens business as detailed in Policy SGP-002 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

APR 27/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

RECEIVED
MAY 10 2017
Strathcona Regional District

NAME: Brad Unger
Address: Gold River
Purpose of Travel: S R D.
Dates of Travel: May 10/17

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| May 10 | Gold River | Campbell River | SRD | 180 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 180 KM | KM |
| RATE PER KM (2016 CRA rate) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ 97.20 | |

**PURSUANT TO POLICY SGP-002**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | $35/night |
| 3. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 97.20 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Gardens business as detailed in Policy SGP-002 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

May 10/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# STRATHCONA GARDENS COMMISSIONER EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: BRAD UNGER
Address: GOLD RIVER
Purpose of Travel: SRD
Dates of Travel: MAY 25/17

RECEIVED
MAY 25 2017
Strathcona Regional District

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| MAY 25 | GOLD RIVER | | SRD | 90 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | KM | KM |
| RATE PER KM (2016 CRA rate) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 48.60 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO POLICY SGP-002**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | $35/night |
| 3. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 48.60 |
| Verified by: | |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Gardens business as detailed in Policy SGP-002 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

**ACCOUNT NO. 012 - _____ - _____ CC1 _____**

Strathcona
REGIONAL DISTRICT

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

JUN 07 2017
Strathcona Regional District

# DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: BRAD UNGER
Address: GOLD RIVER
Purpose of Travel:
Dates of Travel:

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| June 7 | Gold River | Campbell River | SRD | 70 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 48.60 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 48.60 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

June 7/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
|---|---|---|---|
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

RECEIVED
JUN 22 2017
Strathcona Regional District

NAME: BRAD UNGER
Address: Gold River
Purpose of Travel: SRD
Dates of Travel: JUNE 22/17

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| June 22 | Gold River | Campbell River | SRD | ~~87~~ 190 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 190 KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 102.60 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| NET CLAIM | $ ~~102.60~~ 48.06 |
| Verified by: | LW |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

June 22/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
|---|---|---|---|
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: BRAD UNGER
Address: Gold River
Purpose of Travel: SRD
Dates of Travel: Aug 9/17

RECEIVED
AUG 09 2017
Strathcona Regional District

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Aug 9 | Gold River | Campbell | SRD | 90 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 90 KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 49.60 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ 48.60 | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 48.60 |
| Verified by: | MJ |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE Aug 9/17

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

RECEIVED
SEP 20 2017
Strathcona Regional District

# DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: SRD. Meeting
Dates of Travel: Sept 2017

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Sept 20 | Gold River | Campbell River | SRD | 180 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 180 KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ 97.20 | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000849 | $ |
| NET CLAIM | $ 97.20 |
| Verified by: | |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Sept 20/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

RECEIVED
OCT 11 2017
Strathcona Regional District

NAME: Brad Unger
Address: Gold River
Purpose of Travel: SRD
Dates of Travel: Oct 11/17

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Oct 11 | Gold River | Campbell River | | 180 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| NET CLAIM | $ 97.20 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Oct 11/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

RECEIVED
OCT 26 2017
Strathcona Regional District

# DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: MSC / SRD Meetings
Dates of Travel: Oct 26/17

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Oct 26 | Gold River | Campbell River<br>Return | MSC/SRD | 180 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 180 KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ 97.20 | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE<br>ACCOUNT No. 013000849 | $ |
| **NET CLAIM** | $ 97.20 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Oct 26/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

RECEIVED
NOV 08 2017
Strathcona Regional District

# DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: SRD
Dates of Travel: Nov 8 /17

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Nov 8 | Gold River | To Campbell | SRD | 89 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 48.06 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 48.06 |
| Verified by: | W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Nov 8/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

RECEIVED
NOV 24 2017
Strathcona Regional District

# DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

ADVANCE
CLAIM

NAME: BRAD UNGER
Address: GOLD RIVER
Purpose of Travel: SRD MEETING / SRD C.O.W. MEETING
Dates of Travel: NOV 23 / 24

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| NOV 23 | GOLD RIVER | CAMPBELL RIVER | SRD (RETURN) | 178 | |
| NOV 24 | GOLD RIVER | CAMPBELL RIVER | SRD (COW) RETURN | 178 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | 356 KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ 192.24 | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 192.24 |
| Verified by: | MJ |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

NOV 24/17
DATE

* I THINK THIS IS CORRECT BRAD

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
|---|---|---|---|
| | | | $ |
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| | | CARRY FORWARD TO THE FRONT TOTAL (B) $ | |

Strathcona
REGIONAL DISTRICT

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

RECEIVED
DEC · 7 2017
Strathcona Regional District

# DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Brad Unger
Address: Gold River
Purpose of Travel: Governance & SRD Meetings
Dates of Travel:

## KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

| DATE | FROM | TO | PURPOSE OF TRAVEL | Distance on Paved | Distance on Unpaved |
|---|---|---|---|---|---|
| Dec 6 | Gold River | Campbell River | Governance MTG | 89 | |
| Dec 8 | Campbell River | Gold River | SRD MTG | 89 | |
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|---|---|---|
| TOTAL DISTANCE TRAVELED | ~~178~~ 178 KM | KM |
| RATE PER KM (2017 CRA rate/BL167) | $0.54 / KM | $0.66 / KM |
| TOTAL DISTANCE EXPENSE | $ | $ |
| TOTAL EXPENSES ($ PAVED + $ UNPAVED) | (A) $ 96.12 ~~106.92~~ | |

**PURSUANT TO SRD REMUNERATION BYLAW #167**

| | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| Non-Commercial Accommodation | $35/night |
| 2. Overnight travel per diem (24 hour period) (less meals provided) | $75/24 hrs |
| 3. Meal Charges (not overnight) | Breakfast - $15<br>Lunch - $20<br>Dinner - $25 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF EXPENSES FROM REVERSE | (B) $ 227.40 |
| TOTAL EXPENSES (A + B) | $ |
| LESS ADVANCE ACCOUNT No. 013000649 | $ |
| **NET CLAIM** | $ 323.52 ~~334.32~~ |
| | Verified by: W |

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

Dec 8/17
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

Strathcona
REGIONAL DISTRICT

# DIRECTOR EXPENSE CLAIM FORM



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.) | AMOUNT |
|---|---|---|---|
| Dec 6 | Campbell River Conference | Hotel | $106.20 |
| Dec 7 | SRD meeting/dinner | Hotel | 106.20 |
| Dec 7 | | Lunch | 15.00 |
| | | ~~(all other meals provided~~ | |
| ~~Dec 8~~ | | ~~Pg~~ | |
| | | all other meals were provided | |
| | | | |
| | | | |
| | |