


**STAFF TRAVEL FORM**

 ADVANCE ☐

 CLAIM ☒

 NAME: Karin Albert

 DATE: 03-Jul-18

 Address: [REDACTED]

 Purpose of Travel: Attend MATI Leadership course

 Dates of Travel: June 17-22

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL<br>(Hotel, Ferry, Airfare, Meals) | AMOUNT |
|------|--------------------------------------|--------------------------------------------------|--------|
|      |                                      |                                                  |        |
|      |                                      |                                                  |        |
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|      |                                      |                                                  |        |
|      |                                      |                                                  |        |

TOTAL

\$0.00

**REFER TO STAFF TRAVEL POLICY FOR  
TRAVEL CLAIM EXPECTATIONS**

|                                                           |                              |
|-----------------------------------------------------------|------------------------------|
| 1. Commercial Accommodation                               | Actual Cost @<br>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)**

\$137.50

TOTAL EXPENSES (A + B)

\$137.50

LESS ADVANCE

ACCOUNT No. 01-3-000-649

\$0.00

**NET CLAIM**
**\$137.50**

"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

DATE

 APPROVED FOR  
PAYMENT

 012-500-320  
ACCOUNT No.

VENDOR No.

|                                        |          |          |
|----------------------------------------|----------|----------|
| TOTAL DISTANCE TRAVELED - KM           | 250      | 0        |
| RATE PER KM                            | \$0.55   | \$0.67   |
| TOTAL DISTANCE EXPENSE                 | \$137.50 | \$0.00   |
| TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) |          |          |
| CARRY FORWARD TO FRONT (B)             |          | \$137.50 |