

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

 ADVANCE
 CLAIM

RECEIVED

JAN 20 2021

Strathcona Regional District

 NAME: LG. ABRAHAM

Address:

Purpose of Travel:

Dates of Travel:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
<u>JAN 01/21</u>					

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES	(A) \$	
(\$ PAVED + \$ UNPAVED)		

PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Municipal Director - Overnight travel per diem (24 hour period)	\$75/24 hrs
Electoral Area Director - Overnight travel per diem (24 hour period)	\$125/24 hrs
(less meals provided)	
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ <u>115.35</u>
TOTAL EXPENSES (A + B)	\$ <u>115.35</u>
LESS ADVANCE	\$ <u>—</u>
ACCOUNT No. 013000649	
NET CLAIM	\$ <u>115.35</u>
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 Bylaw #359 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

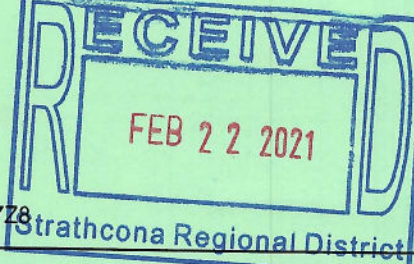
ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]



DIRECTOR EXPENSE CLAIM FORM

ADVANCE CLAIM

NAME: CL - ABRAM

Address: _____

Purpose of Travel: _____

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Municipal Director - Overnight travel per diem (24 hour period)	\$75/24 hrs
Electoral Area Director - Overnight travel per diem (24 hour period)	\$125/24 hrs
(less meals provided)	
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 013000649	\$
NET CLAIM	\$

Verified by: 343.29

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 Bylaw #359 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]

15/20/21

CARRY FORWARD TO THE FRONT

TOTAL (B) \$

~~343.29~~

336.29

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


DIRECTOR EXPENSE CLAIM FORM

 ADVANCE CLAIM

NAME:			
Address:			
Purpose of Travel:	CONSTIT		
Dates of Travel:			

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Municipal Director - Overnight travel per diem (24 hour period)	\$75/24 hrs
Electoral Area Director - Overnight travel per diem (24 hour period)	\$125/24 hrs
(less meals provided)	
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 242.68
TOTAL EXPENSES (A + B)	\$ 242.68
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ 242.68
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 Bylaw #359 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

FEB 28 / 21

ACCOUNT NO. 012 - _____ - _____ CC1 _____

er, BC V8W 7Z8

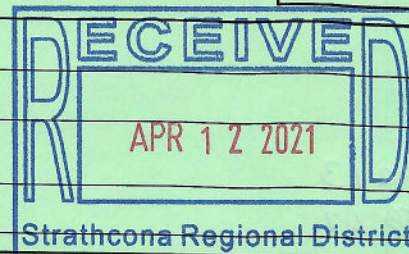
#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

Co-Translator/Directors/Director Evrence Claim Jan 2020

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

ADVANCE
CLAIM

NAME: J. AGAM
Address: _____
Purpose of Travel: COMMIT
Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359

1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Municipal Director - Overnight travel per diem (24 hour period)	\$75/24 hrs
Electoral Area Director - Overnight travel per diem (24 hour period)	\$125/24 hrs
(less meals provided)	
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$

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 Bylaw #359 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

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

[illegible]

349.17



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

DIRECTOR EXPENSE CLAIM FORM

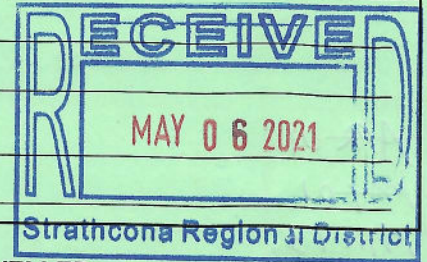
 ADVANCE
 CLAIM

 NAME: J. ABRAM

Address: _____

Purpose of Travel: _____

Dates of Travel: _____


KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167 & BYLAW #359	
1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Municipal Director - Overnight travel per diem (24 hour period)	\$75/24 hrs
Electoral Area Director - Overnight travel per diem (24 hour period)	\$125/24 hrs
(less meals provided)	
3. Meal Charges (not overnight)	Breakfast - \$15 Lunch - \$20 Dinner - \$25
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	
TOTAL EXPENSES (A + B)	\$	642.94
LESS ADVANCE	\$	
ACCOUNT No. 013000649	\$	
NET CLAIM	\$	642.94
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 Bylaw #359 and that I will not be reimbursed for them by any other party.

SIGNATURE OF PERSON MAKING CLAIM

DATE

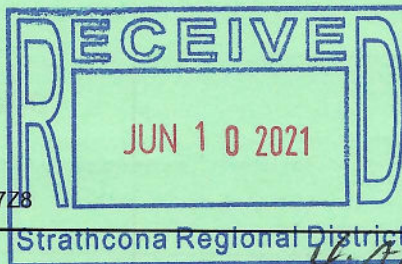
ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]~~637.34~~
\$470.63



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: U. ABRAHAM
Address: _____
Purpose of Travel: _____
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167

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 \$125/24 hrs

Meal Charges (not overnight) Breakfast - \$20
Lunch - \$25
Dinner - \$35

4. Other allowable expenses (with receipts) Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	—

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 347.53
TOTAL EXPENSES (A + B)	\$ 347.53
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$ —
NET CLAIM	\$ 347.53
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

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

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

15/3/21



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

DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J. ABRM
Address: _____
Purpose of Travel: _____
Dates of Travel: _____

RECEIVED
JUL 20 2021
Strathcona Regional District

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

*ALL VIRTUAL
NO TRAVEL*

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation Actual Cost @ Gov't rates
2. Non-Commercial Accommodation \$35/night
3. Overnight travel per diem (24 hour period) \$125/24 hrs
* less meals provided
Meal Charges (not overnight) Breakfast - \$20
Lunch - \$25
Dinner - \$35
4. Other allowable expenses (with receipts) Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 840.46
TOTAL EXPENSES (A + B)	\$ 840.46
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 840.46
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

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

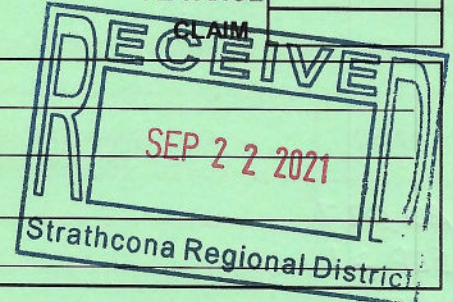
#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
6/14		OFFICE SOFTWARE	\$189.28
6/14		OFFICE COMPUTER BACK-UP	235.41
6/13		CELL	166.71
7/01		SAT, INTERNET	109.75
5/27		SAD L.D. CHARGES	23.45
5/27		OFFICE PHN	26.65
5/27		FAX	24.24
6/27		FAX	24.24
6/27		SAD L.D. CHARGES	14.14
6/27		OFFICE PHN	26.59
6/27			
		CARRY FORWARD TO THE FRONT TOTAL (B) \$	840.46

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

ADVANCE

CLAIM



NAME: J. ABRAHAM

Address: _____

Purpose of Travel: CONSTIT

Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES	(A) \$	
(\$ PAVED + \$ UNPAVED)		

PURSUANT TO SRD REMUNERATION BYLAW #167

- Commercial Accommodation Actual Cost @ Gov't rates
- Non-Commercial Accommodation \$35/night
- Overnight travel per diem (24 hour period) \$125/24 hrs
* less meals provided
- Meal Charges (not overnight) Breakfast - \$20
Lunch - \$25
Dinner - \$35
- Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 1004.77
TOTAL EXPENSES (A + B)	\$ 1004.77
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 1004.77
Verified by:	<u>mew</u>

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

SEPT 17 / 21

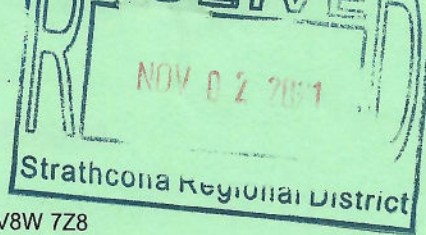
ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
AUG 27		ADVERTISING	\$ 184.28 ✓
SEP 21		BELT CELL CASE	35.79 ✓
JUL 14		POSTAGE	99.23 ✓
AUG 01		SAT. INTERNET	109.75 ✓
SEP 01		" "	109.75 ✓
JUL 13		CELL	166.71 ✓
AUG 13		CELL	166.71 ✓
JUL 27		SRD LD. CHARGES	19.53 ✓
JUL 27		FAX	24.24 ✓
JUL 27		OFFICE	26.48 ✓
MAY 27		SRD LD CHARGES	11.41 ✓
MAY 27		FAX,	24.24 ✓
MAY 27		OFFICE	26.65 ✓
		CARRY FORWARD TO THE FRONT TOTAL (B) \$	1004.77



DIRECTOR EXPENSE CLAIM FORM

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

ADVANCE
CLAIM

NAME: J. ABRAM
Address: _____
Purpose of Travel: CONST
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167

- Commercial Accommodation Actual Cost @ Gov't rates
- Non-Commercial Accommodation \$35/night
- Overnight travel per diem (24 hour period)
* less meals provided \$125/24 hrs
- Meal Charges (not overnight) Breakfast - \$20
Lunch - \$25
Dinner - \$35
- Other allowable expenses (with receipts) Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	—

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	532.32
TOTAL EXPENSES (A + B)	\$	532.32
LESS ADVANCE	\$	—
ACCOUNT No. 01-3-000-649		
NET CLAIM	\$	532.32
Verified by:		<u>Heli</u>

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

[Signature]

DATE

OCT 27/21

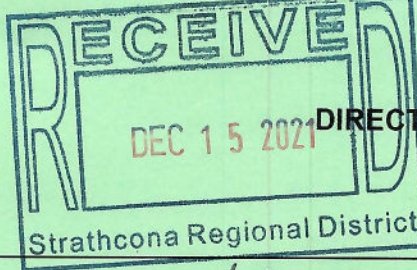
ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
09/17		POSTAGE	\$ 2.04
10/01		SAT INTERNET	128.57
09/27		OFFICE	26.48
09/27		FAX	24.24
09/27		L.D. ON HOME PHONE	17.57
09/13		CELL	166.71
10/13		CALL	166.71
		CARRY FORWARD TO THE FRONT TOTAL (B) \$	532.32



DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: J ABRAHAM
Address: _____
Purpose of Travel: CONSTIT.
Dates of Travel: _____

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167

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	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	—

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	1138.86
TOTAL EXPENSES (A + B)	\$	1138.86
LESS ADVANCE	\$	—
ACCOUNT No. 01-3-000-649		
NET CLAIM	\$	1138.86
Verified by:		Mew

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

DEC 9/21

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

SCANNED

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]

1138.86



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

DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: Mr. ABRAM
Address: _____
Purpose of Travel: CONSTIT
Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167

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	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2020 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	_____

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	156.98
TOTAL EXPENSES (A + B)	\$	156.98
LESS ADVANCE	\$	_____
ACCOUNT No. 01-3-000-649		
NET CLAIM	\$	156.98
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

[Handwritten Signature]

DATE

DEC 28/21

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
MAY 27		PHONE - OFFICE	\$ 26.98
		- FAX	24.24
		SAD L.D. CHARGES	13.30
		CELL	92.96
		CARRY FORWARD TO THE FRONT TOTAL (B) \$	156.98