



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

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE

CLAIM

 NAME: Gerald Whalley

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
TOTAL DISTANCE TRAVELED (KM)				0	0
RATE PER KM (2015 CRA rate/BL167)				\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE				\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$0.00	

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)	\$75/24 hrs	
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)	\$180.23
TOTAL EXPENSES (A + B)	\$ \$180.23
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ \$180.23
Verified by:	<i>W</i>

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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

January 18, 2021

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

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

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE

CLAIM

NAME: Gerald Whalley

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
TOTAL DISTANCE TRAVELED (KM)				0	0
RATE PER KM (2015 CRA rate/BL167)				\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE				\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$0.00	

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)	\$75/24 hrs
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)	\$128.70
TOTAL EXPENSES (A + B)	\$ 128.70
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ 128.70
Verified by:	<i>W</i>

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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

February 21, 2021

DATE

ACCOUNT NO. 012 - - CC1



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

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE
CLAIM

NAME: Gerald Whalley

Address: [REDACTED]

Purpose of Travel: _____

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)				0	0
RATE PER KM (2015 CRA rate/BL167)				\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE				\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$0.00	

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)	\$75/24 hrs	
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)	\$89.06
TOTAL EXPENSES (A + B)	\$ \$89.06
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ \$89.06
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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

March 21, 2021

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

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Constituency Expenses

ADVANCE
CLAIM

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

NAME: Gerald Whalley

Address: [REDACTED]

Purpose of Travel: _____

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)				0	0
RATE PER KM (2015 CRA rate/BL167)				\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE				\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$0.00	

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)	\$75/24 hrs
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)	\$178.14
TOTAL EXPENSES (A + B)	\$ \$178.14
LESS ADVANCE ACCOUNT No. 013000649	\$
NET CLAIM	\$ \$178.14
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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

May 23, 2021

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

C:\Users\gdwha\Documents\00Data\Strathcona & CVRD\Remun - Exp - Fax Forms\SRD Remuneration Claims\2021 Submitted Claims\04-05 G Whalley - Director Expense Claim (Constituency) 23May2021.xlsx



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

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE

CLAIM

NAME: Gerald Whalley

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
TOTAL DISTANCE TRAVELED (KM)				0	0
RATE PER KM (2015 CRA rate/BL167)				\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE				\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$0.00	

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)	\$75/24 hrs
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)	\$89.06
TOTAL EXPENSES (A + B)	\$ \$89.06
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ \$89.06
Verified by:	<i>W</i>

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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

June 27, 2021

DATE

ACCOUNT NO. 012 - - CC1

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

CARRY FORWARD TO THE FRONT	TOTAL (B) \$	\$89.06
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#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE
CLAIM

NAME: Gerald Whalley

Address: [REDACTED]

Purpose of Travel: _____

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)	0	0
RATE PER KM (2015 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)	\$0.00	

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)	\$75/24 hrs
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)	\$89.06
TOTAL EXPENSES (A + B)	\$ \$89.06
LESS ADVANCE ACCOUNT No. 013000649	\$
NET CLAIM	\$ \$89.06
Verified by:	<i>W</i>

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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

July 28, 2021

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE
CLAIM

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

NAME: Gerald Whalley

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
TOTAL DISTANCE TRAVELED (KM)				0	0
RATE PER KM (2015 CRA rate/BL167)				\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE				\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$0.00	

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)	\$75/24 hrs
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)	\$89.06
TOTAL EXPENSES (A + B)	\$ \$89.06
LESS ADVANCE ACCOUNT No. 013000649	\$
NET CLAIM	\$ \$89.06
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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

August 26, 2021

DATE

ACCOUNT NO. 012 - - CC1



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

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

 ADVANCE
CLAIM

NAME: Gerald Whalley

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

TOTAL DISTANCE TRAVELED (KM)	0	0
RATE PER KM (2015 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)	\$0.00	

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)	\$75/24 hrs
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)	\$89.06
TOTAL EXPENSES (A + B)	\$ \$89.06
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ \$89.06
Verified by:	<i>W</i>

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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

September 22, 2021

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

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

[illegible]



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

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE

CLAIM

NAME: Gerald Whalley

Address: [REDACTED]

Purpose of Travel:

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)				0	0
RATE PER KM (2015 CRA rate/BL167)				\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE				\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)				\$0.00	

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)	\$75/24 hrs	
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)	\$89.06
TOTAL EXPENSES (A + B)	\$ \$89.06
LESS ADVANCE ACCOUNT No. 013800649	\$
NET CLAIM	\$ \$89.06
Verified by:	<i>W</i>

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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

October 20, 2021

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

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

[illegible]



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

DIRECTOR EXPENSE CLAIM FORM

Constituency Expenses

ADVANCE
CLAIM

NAME: Gerald Whalley

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

TOTAL DISTANCE TRAVELED (KM)	0	0
RATE PER KM (2015 CRA rate/BL167)	\$0.59 / KM	\$0.71 / KM
TOTAL DISTANCE EXPENSE	\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)	\$0.00	

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)	\$75/24 hrs
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)	\$229.04
TOTAL EXPENSES (A + B)	\$ \$229.04
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ \$229.04
Verified by:	<i>W</i>

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.

Gerald Whalley

SIGNATURE OF PERSON MAKING CLAIM

November 16, 2021

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

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

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT
13-Nov-2021	Telus - November 13, 2021	Telephone Service	\$33.06
15-Nov-2021	Mascon - billed Nov. 15, 2021	Internet Service (Paid online November 16, 2021)	\$56.00
26-Oct-2021	AVG Internet Security	Internet Security software subscription	\$78.39
15-Nov-2021	AVG TuneUp	Computer TuneUp software subscription	\$61.59
		CARRY FORWARD TO THE FRONT TOTAL (B) \$	\$229.04



DIRECTOR EXPENSE CLAIM FORM

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

Constituency Expenses

ADVANCE

CLAIM

NAME: Gerald Whalley

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

TOTAL DISTANCE TRAVELED (KM)	0	0
RATE PER KM (2015 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$0.00	\$0.00
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED) (A)	\$0.00	

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)	\$75/24 hrs
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)	\$89.06
TOTAL EXPENSES (A + B)	\$ \$89.06
LESS ADVANCE	\$
ACCOUNT No. 013000649	
NET CLAIM	\$ \$89.06
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

January 6, 2022

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____

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

[illegible]