

NAME: Bonnie Logan

DATE: 02/12/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Wildland Training Nanaimo (WSPP-WFF1 Train-the-Trainer) Feb 10 & 11

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
02/12/2024	Per Diem - Lunch, dinner, incidental	105		
02/13/2024	Per Diem - Breakfast, lunch	45		
SUB-TOTAL		\$ 150	0	0
FORMULAS - PLEASE LEAVE AS IS				
RATE/KM		n/a	\$ 0.70	\$ 0.82
TOTAL CLAIM		\$ 150.00	\$ 0.00	\$ 0.00

(a) (b) (c)

(a+b+c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

TOTAL EXPENSES	\$ 150.00
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Less Advance Acct 01-3-000-649	\$
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NET CLAIM	\$ 150.00
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"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 *Bonnie Logan*

DATE 02/12/2024

Approved for Payment	Account No. <u>01-2-272-320</u> <i>10018034</i>	Vendor No.
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SCANNED

yes

NAME: **Bonnie Logan**

DATE: **02/27/2024**

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: **Cortes Island Feb 20-22**

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
02/20/2024	Per Diem - Lunch, Dinner, Incidental	105		
02/21/2024	Per Diem - Breakfast, Lunch, Dinner, Incidental	125		
02/22/2024	Per Diem - Breakfast	20		
SUB-TOTAL		\$ 250	0	0
FORMULAS - PLEASE LEAVE AS IS		RATE/KM	n/a	\$ 0.70
TOTAL CLAIM		\$ 250.00	\$ 0.00	\$ 0.00

01-2-272-264 320 M 354

(a) (b) (c)
(a+b+c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

TOTAL EXPENSES	\$ 250.00
Less Advance Acct 01-3-000-649	\$
NET CLAIM	\$ 250.00

"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

02/27/2024
DATE

Approved for Payment 	Account No.	Vendor No.
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