Strathcona REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Sheena Fisher **DATE:** 03/25/2024

ADDRESS:

PURPOSE OF CLAIM: Travel to Workshop on Disaster Risk Reduction

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
03/20/2024	Travel - Campbell River to Arbutus Inn Victoria		275	
03/20/2024	Dinner ($35)	35		
03/21/2024	Breakfast ($20), dinner ($35), incidentals ($45)	100		
03/21/2024	Travel - Arbutus inn, UClub, Campbell River		283	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 135	558	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 135.00	$ 390.60	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 525.60
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 525.60

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

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

"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."

Sheena Fisher Digitally signed by Sheena Fisher DN: C=US, E="sfisher@srd,ca", O=Strathcona Regional District, OU=Engineering Services, CN=Sheena Fisher Date: 2024.03.25 08:12:13-07'00'

SIGNATURE OF PERSON MAKING CLAIM

03/25/2024
DATE

I Certify that these goods and services have been received; that they are required for the operations of the Regional District and I approve this invoice for payment.

Signature Date March 25, 2024

Purpose of Expenditure

Account # 01-6-149-477. A196

Earthquake Early Warning Workshop by the Province.

Approved for Payment	Account No.	Vendor No.