



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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Dave Leitch

DATE: 01/29/2024

ADDRESS: _____

PURPOSE OF CLAIM: Connected Coast meeting

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
01/25/2024	Courtenay to Coquitlam		163	
01/26/2024	Coquitlam to Courtenay		163	
01/26/2024	Breakfast	25		
SUB-TOTAL		\$ 25	326	0
FORMULAS - PLEASE LEAVE AS IS		RATE/KM	n/a	\$ 0.70
TOTAL CLAIM		\$ 25.00	\$ 228.20	\$ 0.00

(a) (b) (c)

(a+b+c)

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

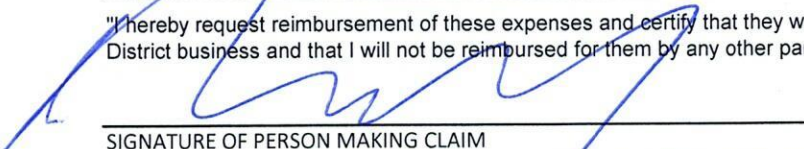
- Commercial Accommodation => Actual Cost @ Gov't Rates
- Non-Commercial Accommodations => \$35/night
- Per Diem & Meal Allowance => \$125/day
Rate Breakdown:
Breakfast -> \$20
Lunch -> \$25
Dinner -> \$35
Incidentals -> \$45 (for trips in excess of 24 hrs only)
- All other expenses => Actual Cost

TOTAL EXPENSES \$ 253.20

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 253.20


"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

01/29/2024

DATE

Approved for Payment 	Account No. <u>01-2-149-320</u>	Vendor No.
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990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Dave Leitch

DATE: 02/20/2024

ADDRESS: _____

PURPOSE OF CLAIM: Connected Coast meeting

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
02/15/2024	Courtenay to Vancouver		135	
02/16/2024	Tsawwassen to Courtenay		167	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	\$ 0	302	0
	RATE/KM	n/a	\$ 0.70	\$ 0.82
	TOTAL CLAIM	\$ 0.00	\$ 211.40	\$ 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 \$ 211.40

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 211.40

"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]
SIGNATURE OF PERSON MAKING CLAIM

02/20/2024
DATE

Approved for Payment *[Signature]*

01-2-149-320
Account No.

Vendor No.

Yes

