

NAME: Tom Yates

DATE: 06/11/2024

ADDRESS: [REDACTED]

PURPOSE OF CLAIM: Travel expense

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
06/06/2024	Quadra Island ferry	32.75		
SUB-TOTAL		\$ 32.75	0	0
FORMULAS - PLEASE LEAVE AS IS				
RATE/KM		n/a	\$ 0.70	\$ 0.82
TOTAL CLAIM		\$ 32.75	\$ 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 \$ 32.75

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

NET CLAIM \$ 32.75

"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."

Thomas Yates
SIGNATURE OF PERSON MAKING CLAIM

06/11/2024
DATE

Approved for Payment <u><i>[Signature]</i></u>	Account No. <u>01-2-500-320</u>	Vendor No.
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N290



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

**STAFF EXPENSE CLAIM FORM
EXEMPT STAFF**

NAME: Tom Yates

DATE: Feb. 28/24

ADDRESS: _____

PURPOSE OF CLAIM: APC Meeting

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled		
			Paved	Unpaved	
02/06/2024	ferry	32.95			
02/06/2024	meal	25.00			
FORMULAS - PLEASE LEAVE AS IS		SUB-TOTAL	\$ 57.95	0	0
		RATE/KM	n/a	\$ 0.70	\$ 0.82
		TOTAL CLAIM	\$ 57.95	\$ 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	\$ 57.95
Less Advance Acct 01-3-000-649	\$
NET CLAIM	\$ 57.95

"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."

Thomas Yates
SIGNATURE OF PERSON MAKING CLAIM

02/28/2024
DATE

Approved for Payment <u><i>MJK</i></u>	Account No.	Vendor No.
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990 Cedar Street, Campbell River, BC, V9W 7Z8

**STAFF EXPENSE CLAIM FORM
EXEMPT STAFF**

NAME: Tom Yates

DATE: 07/11/2024

ADDRESS: _____

PURPOSE OF CLAIM: Travel Costs

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
07/10/2024	Quadra Island	32.75		
	meal	35.00		
SUB-TOTAL		\$ 67.75	0	0
RATE/KM		n/a	\$ 0.70	\$ 0.82
TOTAL CLAIM		\$ 67.75	\$ 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 \$ 67.75

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

NET CLAIM \$ 67.75

"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

07/11/2024
DATE

Approved for Payment	Account No.	Vendor No.
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