Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Bailey Raga **DATE:** 07/11/2024

ADDRESS:

PURPOSE OF CLAIM: Public Hearing (Bylaw 565)

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
07/10/2024	Public Hearing - Dinner	35.00		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 35	0	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 35.00	$ 0.00	$ 0.00
		(a)	(b)	(c)

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

(a+b+c)

TOTAL EXPENSES	$ 35.00
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 35.00

"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 — 07/11/2024 DATE

Approved for Payment	A. Nelson	01-2-500-320 Account No.	N290 Vendor No.