# STAFF TRAVEL FORM

301 - 990 Cedar Street Campbell River B.C. V9W 7Z8

ADVANCE [ ] CLAIM [X]

NAME: Deanna Movold DATE: October 8, 2024

Address: [redacted]

Purpose of Travel: BCFit Conference

Dates of Travel: October 5+6, 2024

| DATE | LOCATION AND DESCRIPTION OF FUNCTION | EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals) | AMOUNT |
|---|---|---|---|
| Oct. 6'24 | Richmond. (Minoru Centre) | Per Diem | $75.00 |
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TOTAL $75.00 ~~$0.00~~

| REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS | |
|---|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | $35/night |
| 3. Per Diem and Meal Allowance | $75/day |
| Rate breakdown | |
| Breakfast - $15 | |
| Lunch - $20 | |
| Dinner - $25 | |
| Incidentals - $15 (for trips in excess of 24 hours only) | |
| 4. All other expenses | Actual Cost |

| | |
|---|---|
| CARRY FORWARD OF AUTOMOBILE DISTANCE EXPENSES (B) | ~~$0.00~~ |
| TOTAL EXPENSES (A + B) | ~~$0.00~~ |
| LESS ADVANCE ACCOUNT No. 01-3-000-649 | ~~$0.00~~ |
| **NET CLAIM** | $75.00 ~~$0.00~~ |

"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."

Deanna Movold
SIGNATURE OF PERSON MAKING CLAIM

October 8, 2024
DATE

| APPROVED FOR PAYMENT | ACCOUNT No. | VENDOR No. |
|---|---|---|
| [signature] | 01-2-640-320 | |

Staff front