



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

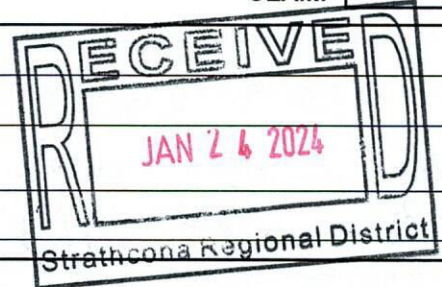
ADVANCE
CLAIM

NAME: JOHN RICE

Address: [REDACTED]

Purpose of Travel: _____

Dates of Travel: _____



KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

PURSUANT TO SRD REMUNERATION BYLAW #167

- | | |
|--|---|
| 1. Commercial Accommodation | Actual Cost @ Gov't rates |
| 2. Non-Commercial Accommodation | \$35/night |
| 3. Overnight travel per diem (24 hour period)
* less meals provided | \$125/24 hrs |
| Meal Charges (not overnight) | Breakfast - \$20
Lunch - \$25
Dinner - \$35 |
| 4. Other allowable expenses (with receipts) | Actual Cost |

TOTAL DISTANCE TRAVELED	KM	KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$	\$
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$
TOTAL EXPENSES (A + B)	\$
LESS ADVANCE ACCOUNT No. 01-3-000-649	\$
NET CLAIM	\$ 554.27
Verified by:	

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Strathcona Regional District business as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

John Rice
SIGNATURE OF PERSON MAKING CLAIM

Jan 23 2024
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____

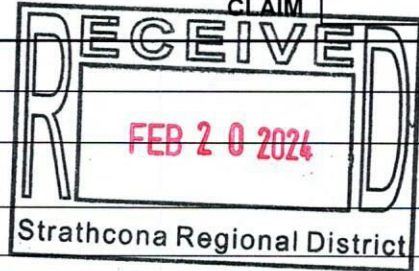


#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

Page 1 of 2

ADVANCE
CLAIM



NAME: John Rice

ADDRESS

PURPOSE OF TRAVEL

DATES OF TRAVEL:

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

TOTAL DISTANCE TRAVELED	0 KM	0 KM
RATE PER KM (2022 CRA rate/BL167)	\$0.61 / KM	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$ 0	\$ 0
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$ 0	

PURSUANT TO SRD REMUNERATION BYLAW #167

- Commercial Accommodation Actual Cost @ Gov't rates
- Non-Commercial Accommodation \$35/night
- Overnight travel per diem (24 hour period) \$125/24 hrs
* less meals provided
- Meal Charges (not overnight) Breakfast - \$20
Lunch - \$25
Dinner - \$35
- Other allowable expenses (with receipts) Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 821.68
TOTAL EXPENSES (A + B)	\$ 0
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 821.68
Verified by:	

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

DIRECTOR SIGNATURE

Feb 16th 2024
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
FOR FINANCE USE ONLY

DIRECTOR EXPENSE CLAIM FORM

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

[illegible]



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

Page 1 of 2

ADVANCE
CLAIM

NAME: John Rice

Strathcona Regional District

ADDRESS:

PURPOSE OF TRAVEL: EA Directors Forum

DATES OF TRAVEL: Jan 30th 2024

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
01/30/24	Campbell River	Duke Point	Directors Forum	156	
01/30/24	Tsawwassen	Richmond BC	Directors Forum	26	
02/01/24	Richmond BC	Tsawwassen	Return	26	
02/01/24	Duke Point	Campbell River	Return	156	

TOTAL DISTANCE TRAVELED	211 KM	0 KM
RATE PER KM (2022 CRA rate/BL167)	0.70	\$0.73 / KM
TOTAL DISTANCE EXPENSE	\$ 128.71	\$ 0
TOTAL EXPENSES	(A) \$ 254.80	
(\$ PAVED + \$ UNPAVED)	128.71	

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation

Actual Cost @
Gov't rates

2. Non-Commercial Accommodation

\$35/night

3. Overnight travel per diem (24 hour period)

\$125/24 hrs

* less meals provided

Meal Charges (not overnight)

Breakfast - \$20
Lunch - \$25
Dinner - \$35

4. Other allowable expenses (with receipts)

Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 171.7
TOTAL EXPENSES (A + B)	\$ 0
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	\$ 426.50
NET CLAIM	\$ 300.41

Verified by:

men

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

DIRECTOR SIGNATURE

DATE

ACCOUNT NO. 012 - - CC1 CC2
FOR FINANCE USE ONLY

SCANNED

yes

DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT (\$)
01/30/24	EA Directors Forum	Ferry	85.85
02/01/24	EA Directors Forum	Ferry	85.85
CARRY FORWARD TO THE FRONT TOTAL (B) \$			171.7



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

Page 1 of 2



ADVANCE	
CLAIM	

NAME: John Rice
ADDRESS: [REDACTED]
PURPOSE OF TRAVEL: AVICC
DATES OF TRAVEL: April 11 - 14th

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
April 11	Campbell River	Victoria	AVICC	254	
April 14	Victoria	Campbell River	AVICC	254	

TOTAL DISTANCE TRAVELED	508 KM	0 KM
RATE PER KM (2024 CRA rate/BL167)	\$0.70 KM	\$0.82 / KM
TOTAL DISTANCE EXPENSE	\$ 0	\$ 0
TOTAL EXPENSES (\$ PAVED + \$ UNPAVED)	(A) \$	355.60

PURSUANT TO SRD REMUNERATION BYLAW #167	
1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period) * less meals provided	\$125/24 hrs
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$	0
TOTAL EXPENSES (A + B)	\$	0
LESS ADVANCE	\$	
ACCOUNT No. 01-3-000-649		
NET CLAIM	\$	355.60
Verified by:	mei	

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

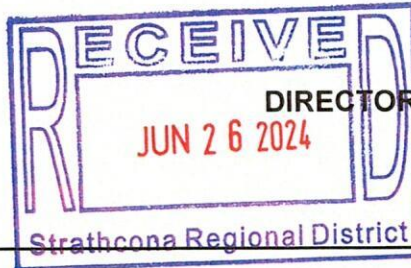
John Rice
DIRECTOR SIGNATURE

April 17th 2024
DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
FOR FINANCE USE ONLY



#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8



DIRECTOR EXPENSE CLAIM FORM

Page 1 of 2

ADVANCE
CLAIM

NAME: John Rice

ADDRESS: 2929 York Rd

PURPOSE OF TRAVEL: FCM Conference

DATES OF TRAVEL: June 5th 2024

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
6/3/2024	Campbell River	Calgary	FCM	1143	SEE REVERSE *
6/10/202	Calgary	Campbell River	FCM	1143	SIDE *
JUN 6-9/2024	CAMPBELL RIVER	COMOX AIRPORT	FCM	36.5	
	COMOX AIRPORT	CAMPBELL RIVER	FCM	36.5	

TOTAL DISTANCE TRAVELED 73 ~~2286~~ KM 0 KM

RATE PER KM (2024 CRA rate/BL167) \$0.70 KM \$0.82 / KM

TOTAL DISTANCE EXPENSE \$ ~~1600.20~~ \$ 0

TOTAL EXPENSES (A) \$ 51.10
(\$ PAVED + \$ UNPAVED) ~~0~~

CARRY FORWARD OF EXPENSES FROM REVERSE (B) \$ ~~994.81~~ 1230.42

TOTAL EXPENSES (A + B) \$ ~~2595.01~~

LESS ADVANCE \$

ACCOUNT No. 01-3-000-649

NET CLAIM

\$ 1281.52
~~2595.01~~

Verified by:

PURSUANT TO SRD REMUNERATION BYLAW #167

1. Commercial Accommodation

Actual Cost @
Gov't rates

2. Non-Commercial Accommodation

\$35/night

3. Overnight travel per diem (24 hour period)

\$125/24 hrs

* less meals provided

Meal Charges (not overnight)

Breakfast - \$20
Lunch - \$25
Dinner - \$35

4. Other allowable expenses (with receipts)

Actual Cost

I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

DIRECTOR SIGNATURE

DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
FOR FINANCE USE ONLY

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT (\$)
6/3/2024	Duke Point Nanaimo	Ferry	89.00 *
6/21/202	Tsawwassen	Ferry	176.50 *
6/5/2024	Calgary	Accommodations	729.31
*	PER BL 167 SCH B SEC 1 PRIVATE VEHICLE USE REIMBURSEMENT IS LESSER OF MILEAGE AT CRA RATES AND RETURN AIRFARE + GROUND TRANSPORTATION EQUIVALENT		
JUN 6-9/24	FED. OF CAN. MUNICIPALITIES CALGARY ALBERTA	RETURN AIRFARE COMOX BC TO CALGARY AB	501.11
		CARRY FORWARD TO THE FRONT	TOTAL (B) \$ 994.81

1,230.42



DIRECTOR EXPENSE CLAIM FORM

Page 1 of 2

ADVANCE	
CLAIM	

NAME: John Rice
ADDRESS: [REDACTED]
PURPOSE OF TRAVEL: Townhall Meeting
DATES OF TRAVEL: Oct 5th 2024

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved

TOTAL DISTANCE TRAVELED	0 KM	0 KM
RATE PER KM (2024 CRA rate/BL167)	\$0.70 KM	\$0.82 / KM
TOTAL DISTANCE EXPENSE	\$ 0	\$ 0
TOTAL EXPENSES	(A) \$ 0	
(\$ PAVED + \$ UNPAVED)		

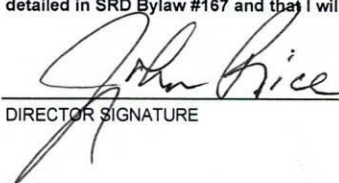
PURSUANT TO SRD REMUNERATION BYLAW #167

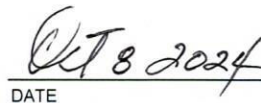
1. Commercial Accommodation	Actual Cost @ Gov't rates
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period)	\$125/24 hrs
* less meals provided	
Meal Charges (not overnight)	Breakfast - \$20 Lunch - \$25 Dinner - \$35
4. Other allowable expenses (with receipts)	Actual Cost

CARRY FORWARD OF EXPENSES FROM REVERSE	(B) \$ 1,155
TOTAL EXPENSES (A + B)	\$ 0
LESS ADVANCE	\$
ACCOUNT No. 01-3-000-649	
NET CLAIM	\$ 1,155

Verified by:	Mui
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I hereby certify the expenses detailed on this claim form were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detailed in SRD Bylaw #167 and that I will not be reimbursed for them by any other party.

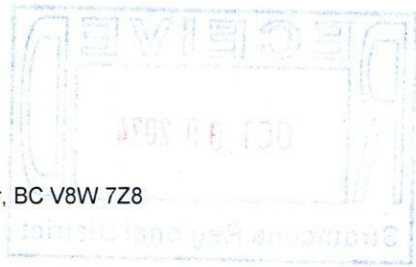

DIRECTOR SIGNATURE


DATE

ACCOUNT NO. 012 - _____ - _____ CC1 _____ CC2 _____
FOR FINANCE USE ONLY

SCANNED

425



DIRECTOR EXPENSE CLAIM FORM

Page 2 of 2

#301 - 990 Cedar Street, Campbell River, BC V8W 7Z8

DATE	LOCATION AND DESCRIPTION OF FUNCTION	EXPENSE DETAIL (Hotel, Ferry, Airfare, Meals, etc.)	AMOUNT (\$)
10/5/24	Oyster Bay Resort	Hall Booking	\$1,155
CARRY FORWARD TO THE FRONT			TOTAL (B) \$
			\$1,155