Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kelsie Robinson DATE: 09/16/2024

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage re-imbursement for travel to First Aid Instructor Course

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
09/06/2024	Campbell River to Surrey 198 KM		198	
09/07/2024	Surrey to Campbell River		198	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	396	0
	RATE/KM	n/a	$ 0.70	$ 0.82
	TOTAL CLAIM	$ 0.00	$ 277.20	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 277.20
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 277.20

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

"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 — DATE: Sept 16, 2024

Approved for Payment	01-2-272-320 Account No.	Vendor No.

Shawn Koopman

SCANNED