



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

**STAFF EXPENSE CLAIM FORM
EXEMPT STAFF**

NAME: B. Wasyliw

DATE: 05/30/2024

ADDRESS: 990 Cedar St

PURPOSE OF CLAIM: PH for Bylaws No. 538, 539, 545, & 546

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
05/22/2024	Dinner	35.00		
SUB-TOTAL		\$ 35	0	0
RATE/KM		n/a	\$ 0.70	\$ 0.82
TOTAL CLAIM		\$ 35.00	\$ 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 \$ 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."

B. Wasyliw
SIGNATURE OF PERSON MAKING CLAIM

05/30/2024
DATE

Approved for Payment <u><i>A. Nelson</i></u>	Account No. <u>01-2500-320</u>	Vendor No.
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N290