



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

**STAFF EXPENSE CLAIM FORM
EXEMPT STAFF**

NAME: Edith Watson

DATE: 07/12/2024

ADDRESS: _____

PURPOSE OF CLAIM: 2024 Village of Sayward By-Election - Advance Poll

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
07/12/2024	Travel to Sayward return - 199 km		199	
10	Breakfast/lunch/dinner (6 am - 10 pm)	80		
SUB-TOTAL		\$ 80	199	0
FORMULAS - PLEASE LEAVE AS IS		RATE/KM	\$ 0.70	\$ 0.82
TOTAL CLAIM		\$ 80.00	\$ 139.30	\$ 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 \$ 219.30

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 219.30

"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."

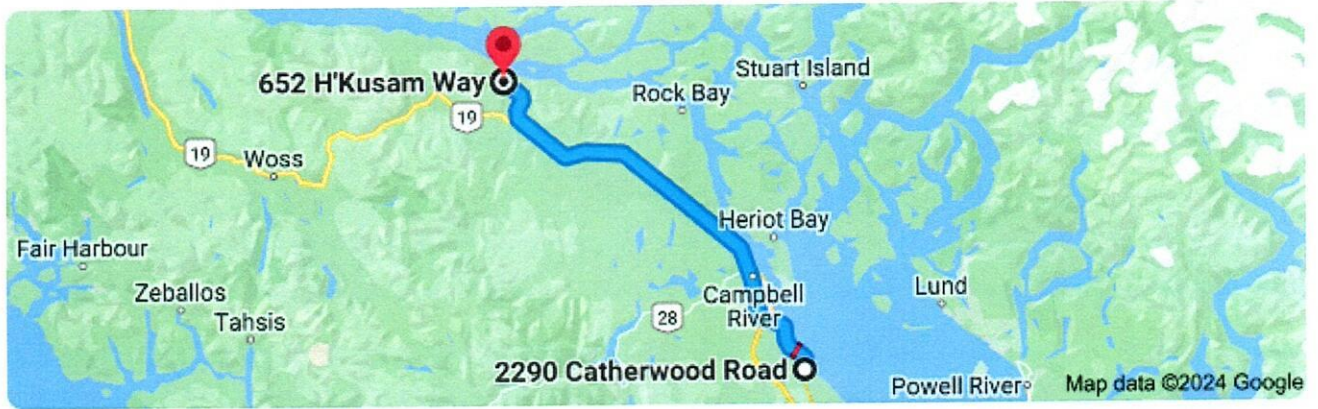
Edith Watson
SIGNATURE OF PERSON MAKING CLAIM

July 12/2024
DATE

Approved for Payment <u>Moussa Jata</u>	Account No. <u>01-2-111-320</u> <u>A116</u>	Vendor No.
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2290 Catherwood Rd, Comox-Strathcona C, BC

652 H'Kusam Way, Sayward, BC V0P 1R0



1 hr 16 min (99.5 km) via BC-19 N



Directions



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

**STAFF EXPENSE CLAIM FORM
EXEMPT STAFF**

NAME: Edith Watson

DATE: 07/24/2024

ADDRESS: _____

PURPOSE OF CLAIM: Sayward By-Election - Final Determination of Election Results

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
07/24/2024 July 23/2024	Travel from Campbell River to Sayward return		153	
SUB-TOTAL		\$ 0	153	0
FORMULAS - PLEASE LEAVE AS IS				
RATE/KM		n/a	\$ 0.70	\$ 0.82
TOTAL CLAIM		\$ 0.00	\$ 107.10	\$ 0.00

(a)	(b)	(c)
(a+b+c)		
TOTAL EXPENSES		\$ 107.10

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

Less Advance Acct 01-3-000-649	\$
NET CLAIM	\$ 107.10

"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."

Edith Watson
SIGNATURE OF PERSON MAKING CLAIM

July 24, 2024
DATE

Approved for Payment <u>[Signature]</u>	Account No. 01-2-111-320 A115	Vendor No.
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NAME: Edith Watson

DATE: 09/23/2024

ADDRESS: _____

PURPOSE OF CLAIM: Travel to Sayward to deliver final election materials - July 20/24 By-Election

Date	Description of Expense (include from & to" for km's traveled)	Expenses \$ Amount	Kilometers Traveled	
			Paved	Unpaved
<u>Sep 17/23</u>	Travel to Sayward Village office to deliver election materials and review retention and distruction schedule with A/CAO		76.9	
	Return to Regional District Office		76.9	
SUB-TOTAL		\$ 0	153.8	0
FORMULAS - PLEASE LEAVE AS IS				
RATE/KM		n/a	\$ 0.70	\$ 0.82
TOTAL CLAIM		\$ 0.00	\$ 107.66	\$ 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 \$ 107.66

Less Advance
Acct 01-3-000-649 \$

NET CLAIM \$ 107.66

"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 Edith Watson

DATE Sep 23/24

Approved for Payment [Signature] Account No. 01-2-111-320 Vendor No. A115

1899



PAYMENT REQUISITION

Date October 7/24

Payable To Edith Watson

Mailing Address _____

Telephone _____ Date Required Next Chq Run

Requested By Edith Watson Department Corp Services

GL Account Number	Cost Centre	Details	Amount
01-2-111-320	A130	Corporate Officers Forum - Hotel/Lunch	\$ 577.14
		Taxi (from hotel to airport)	\$ 53.76
For Finance Department Use:			
			Sub Total \$ 630.90
			GST \$ 27.85
Vendor No. _____			PST \$ 43.04
			Total \$ 701.79

Payment to be: Emailed Mailed Picked Up Return to Requestor

Attachments/Cover Letter Required Y N

I certify that these goods and/or services are required for the operations of the of the Regional District and I approve this payment.

Signature Edith Watson

Date Oct 7/24

