STAFF TRAVEL FORM

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

ADVANCE [ ] CLAIM [X]

NAME: Debra Wilson DATE: Oct. 8'2024

Address: [redacted]

Purpose of Travel: BCFit 2024 @ BC RPA in Richmond BC.

Dates of Travel: Oct. 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

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."

SIGNATURE OF PERSON MAKING CLAIM

Oct. 8'24
DATE

APPROVED FOR PAYMENT	01-2-640-320. ACCOUNT No.	VENDOR No.

Staff front