Strathcona
REGIONAL DISTRICT

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

# STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Shaun Koopman

DATE: 03/24/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Mileage Reibursement

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 03/19/2026 | Personal vehicle use to and from JIBC New West Campus CISM 1010 | | 394 | |
| | March 19-20 2026 Defusing Crisis course | | | |
| | | | | |
| | Dinner | | | |
| | Subtotal 31.46 | | | |
| | GST 1.16 | | | |
| | PST 0.02 | | | |
| | Total | 32.64 | | |
| | | | | |
| | Return ferry trip (put on personal card due to Fraud flag on corporate card) | 89.50 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 122.14 | 394 | 0 |
| | RATE/KM | n/a | $ 0.73 | $ 0.85 |
| | TOTAL CLAIM | $ 122.14 (a) | $ 287.62 (b) | $ 0.00 (c) |

**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**

| | |
|---|---|
| **TOTAL EXPENSES** (a+b+c) | $ 409.76 |
| **Less Advance Acct 01-3-000-649** | $ |
| **NET CLAIM** | $ 409.76 |

"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

03/24/2026
DATE

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

Strathcona
REGIONAL DISTRICT

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

# STAFF EXPENSE CLAIM FORM
**EXEMPT STAFF**

**NAME:** Shaun Koopman **DATE:** 04/20/2026

**ADDRESS:** [redacted]

**PURPOSE OF CLAIM:** Personal Vehicle Mileage Reimbursement - MMFN SPU Cardboard Disposal

| Date | Description of Expense (include from & to" for km's traveled) | Expenses $ Amount | Kilometers Traveled Paved | Unpaved |
|---|---|---|---|---|
| 04/20/2026 | Use of personal vehicle for dump run to dispose of cardboard and | | 34 | |
| | plastic wrap from MMFN SPU Trailer totes, shelving | | | |
| | | | | |
| | 01-2-272-320 M138 EM015 | | | |
| | Reimbursed MMFN FireSmart Grant | | | |
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| | | | | |
| | | | | |
| FORMULAS - PLEASE LEAVE AS IS | SUB-TOTAL | $ 0 | 34 | 0 |
| | RATE/KM | n/a | $ 0.73 | $ 0.85 |
| | TOTAL CLAIM | $ 0.00 | $ 24.82 | $ 0.00 |
| | | (a) | (b) | (c) |

(a+b+c)

| | |
|---|---|
| TOTAL EXPENSES | $ 24.82 |
| Less Advance Acct 01-3-000-649 | $ |
| NET CLAIM | $ 24.82 |

**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: 04/20/2026

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

M138 EM015