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 — DATE: 03/24/2026

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			
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

2759

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Shaun Koopman DATE: 06/23/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Tofino MIECM Meeting Gas, Breakfast and Dinner Expenses

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
06/22/2026	Forgot Purchase Card at SAR Hall sorry			
	Subtotal	123.2		
	PST	0.49		
	GST	6.05		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 129.74	0	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 129.74	$ 0.00	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 129.74
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 129.74

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: 06/23/2026

Approved for Payment	01-2-272-326 Account No.	Vendor No.

Entered By MVB