002316

Strathcona
REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Shaun Koopman **DATE:** 08/08/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Personal Vehicle Mileage Reimbursement - 2025 CRI Grant M361

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
07/28/2025	Use of personal truck to take vegetation clippings from the back of		39.6	
	Search and Rescue Hall to the Campbell River Waste Management Centre			
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	39.6	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 28.51	$ 0.00
		(a)	(b)	(c)

(a+b+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	$ 28.51
	27.15.
Less Advance Acct 01-3-000-649	$ GST 1.36.
NET CLAIM	$ 28.51

39.6 KMS.

"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 — 08/08/2025 DATE

Approved for Payment	01-2-272-320 Account No. M361	Vendor No.

Strathcona REGIONAL DISTRICT

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

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Shaun Koopman **DATE:** 08/20/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Personal Vehicle Mileage Reimbursement ACRD EOC Mutual Aid M314

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
08/18/2025	August 18/2025 Personal Vehicle to ACRD EOC		286.6	
	Task Number 25-5774			
			0	
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	286.6	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ 0.00	$ 206.35	$ 0.00
		(a)	(b)	(c)

196.52
GST 9.83

(a+b+c) TOTAL EXPENSES	$ 206.35

Less Advance Acct 01-3-000-649	$

NET CLAIM	$ 206.35

286.6 km

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
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   - 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 — 08/20/2025 DATE

Approved for Payment	01-2-272-320 M314 Account No.	Vendor No.

reimbursed by EMCR