



PAYMENT REQUISITION

Date February 20 / 2024

Payable To Shaun Koopman

Mailing Address



Telephone 250-204-9047

Date Required Next AP Run Please

Requested By Shaun Koopman

Department Corporate Services

GL Account Number	Cost Centre	Details	Amount
01-2-272-320	M296	Personal vehicle mileage reimbursement	\$ 24.50
	M297	for SRD Employee Shaun Koopman	
		for use during 155 Erickson Road	
		Condo Fire	
		35 kilometers x \$0.70/km = \$24.50	
		Task 24-1155	23.33
For Finance Department Use:			
			Sub Total \$ 24.50
			GST 1.17
Vendor No. _____			PST
			Total \$ 24.50

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

Tom Yates
Shaun Koopman

Date February 24 / 2024

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35 kilometers x \$0.70/km = \$24.50 Task 24-1155 M297

