

Trustee Compensation and Expense Claim

Name: Kissel, Garry

SEPTEMBER 2024

MONTHLY HONORARIUM	
MONTHLY BENEFIT ALLOWANCE	153.00
SUB-TOTAL	925.00

				TRAVEL		SUBSISTENCE ALLOWANCE <small>Please select all that apply</small>			LODGING			
				Full Rate	Reduced Rate	Breakfast	Lunch	Supper	Lodging Self	Hotel Receipt Total	Hotel Receipt GST	
REGULAR BOARD MEETINGS	Meeting Date(s)	Allowance/Portion of Day	Prep Time									
Caucus meeting	18-Sep-2024	Full Day	<input checked="" type="checkbox"/> 109.00	65	<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00				
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	SUB-TOTAL	218.00										

				Full Rate	Reduced Rate	Breakfast	Lunch	Supper	Lodging Self	Hotel Receipt Total	Hotel Receipt GST
COMMITTEE MEETINGS	Meeting Date(s)	Allowance/Portion of Day	Committee Chair								
Met with Jackie - payroll re:	24-Sep-2024	Half Day	<input type="checkbox"/> 29.00	65	<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00			
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	SUB-TOTAL	109.00									

				Full Rate	Reduced Rate	Breakfast	Lunch	Supper	Lodging Self	Hotel Receipt Total	Hotel Receipt GST
PROFESSIONAL DEVELOPMENT/CONFERENCES	Meeting Date(s)	Allowance/Portion of Day									
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	SUB-TOTAL	0.00									

COMMUNICATION ALLOWANCE	Meeting Date(s)	Allowance
		Trustee
		75.00
	SUB-TOTAL	

OTHER EXPENSES	Expense Date									Total Receipt	GST on Receipt

SUBTOTALS	402.00	109.00	88.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Claim											1524.40