



Trustee Compensation and Expense Claim

Name: Skogen, Mandi

October 2024

MONTHLY HONORARIUM	Trustee
MONTHLY BENEFIT ALLOWANCE	208.00
SUB-TOTAL	1008.00

				TRAVEL		SUBSISTENCE ALLOWANCE Please select all that apply			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									
Board Meeting BV	23-Oct-2024	Full Day	<input checked="" type="checkbox"/> 109.00	110	<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00				
Ignite LLB	28-Oct-2024	Extended Day	<input type="checkbox"/> 109.00		<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"/>				
		SUB-TOTAL	545.00									

	Meeting Date(s)	Allowance/Portion of Day	Committee Chair	Full Rate	Reduced Rate	Breakfast	Lunch	Supper	Lodging Self	Hotel Receipt Total	Hotel Receipt GST
COMMITTEE MEETINGS											
Communications Committee Zoom	03-Oct-2024	Half Day	<input type="checkbox"/> 29.00			<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00		
TBLC	28-Oct-2024	Half Day	<input type="checkbox"/> 29.00			<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00		
SSLC Zoom	31-Oct-2024	Half Day	<input type="checkbox"/> 29.00			<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00		
Communications Committee Zoom	31-Oct-2024	Half Day	<input type="checkbox"/> 29.00			<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	436.00								

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

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

	Expense Date										Total Receipt	GST on Receipt
OTHER EXPENSES												

SUBTOTALS 1056.00 109.00 77.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

Total Claim 2250.00