

## Trustee Compensation and Expense Claim



Name: Skogen, Mandi

November 2024

<b>MONTHLY HONORARIUM</b>	Trustee										
<b>MONTHLY BENEFIT ALLOWANCE</b>	208.00										
<b>SUB-TOTAL</b>	1008.00										
				<b>TRAVEL</b>		<b>SUBSISTENCE ALLOWANCE</b> Please select all that apply			<b>LODGING</b>		
<b>REGULAR BOARD MEETINGS</b>	Meeting Date(s)	Allowance/ Portion of Day	Prep Time	Full Rate	Reduced Rate	Breakfast	Lunch	Supper	Lodging Self	Hotel Receipt Total	Hotel Receipt GST
Board Meeting BV	13-Nov-2024	Full Day	<input checked="" type="checkbox"/> 109.00			<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00		
Board Meeting BV	27-Nov-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		
			<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"/>		
		<b>SUB-TOTAL</b>	436.00								
<b>COMMITTEE MEETINGS</b>	Meeting Date(s)	Allowance/ Portion of Day	Committee Chair	Full Rate	Reduced Rate	Breakfast	Lunch	Supper	Lodging Self	Hotel Receipt Total	Hotel Receipt GST
Parent Council Meeting Glendon	13-Nov-2024	Half Day	<input type="checkbox"/> 29.00	175		<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"/>		
		<b>SUB-TOTAL</b>	109.00								
<b>PROFESSIONAL DEVELOPMENT/CONFERENCES</b>	Meeting Date(s)	Allowance/ Portion of Day		Full Rate	Reduced Rate	Breakfast	Lunch	Supper	Lodging Self	Hotel Receipt Total	Hotel Receipt GST
						<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"/>		
		<b>SUB-TOTAL</b>	0.00								
<b>COMMUNICATION ALLOWANCE</b>	Meeting Date(s)	Allowance									
	November	Trustee									
	<b>SUB-TOTAL</b>	75.00									
<b>OTHER EXPENSES</b>	Expense Date									<b>Total Receipt</b>	<b>GST on Receipt</b>
		<b>SUBTOTALS</b>	620.00	218.00	199.50	0.00	0.00	0.00	0.00	0.00	0.00

**Total Claim 2045.50**