



## Trustee Compensation and Expense Claim

Name: Lozinski, Debra

October 2024

<b>MONTHLY HONORARIUM</b>		Trustee										
<b>MONTHLY BENEFIT ALLOWANCE</b>		208.00										
SUB-TOTAL		1008.00										
					TRAVEL		SUBSISTENCE ALLOWANCE Please select all that apply			LODGING		
<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	
Bd Mtg LLB	02-Oct-2024	Full Day	<input checked="" type="checkbox"/> 109.00	64		<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	Full Day	<input type="checkbox"/> 109.00	32		<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00			
Bd Mtg Bonnyville	23-Oct-2024	Extended Day	<input checked="" type="checkbox"/> 109.00	64		<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"/>			
SUB-TOTAL		763.00										
<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	
TBLC	28-Oct-2024	Half Day	<input type="checkbox"/> 29.00	32		<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										
<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	
Pick up vehicle	15-Oct-2024			32		<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00			
Travel to PSBAA FGM & attend	16-Oct-2024	Full Day				<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00			
PSBAA	17-Oct-2024	Extended Day				<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00			
PSBAA & travel home	18-Oct-2024	Full Day		32		<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00	424.38	46.38	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SUB-TOTAL		763.00										
<b>COMMUNICATION ALLOWANCE</b>	Meeting Date(s)	Allowance										
	October	Trustee										
SUB-TOTAL		75.00										
<b>OTHER EXPENSES</b>	Expense Date											
SUBTOTALS		1710.00	218.00	179.20	0.00	0.00	0.00	0.00	0.00	424.38	46.38	

**Total Claim 3539.58**



DOUBLETREE BY HILTON WEST EDMONTON  
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Lozinski, Debra

[REDACTED]

HYLO AB [REDACTED]

CANADA

Room No: 2402/NKS  
 Arrival Date: 10/16/2024 3:34:00 PM  
 Departure Date: 10/18/2024 7:38:00 AM  
 Adult/Child: 1/0  
 Cashier ID: dbernardo6  
 Room Rate: 189.00  
 AL:  
 HH # [REDACTED] SILVER  
 VAT # GST# 74111-4326 RT0001  
 Folio No/Che 467657 A

Confirmation Number: 85525598

DOUBLETREE BY HILTON WEST EDMONTON 10/18/2024 6:38:00 AM

DATE	DESCRIPTION	Cashier ID	Transaction ID	GUEST CHARGES	CREDIT	BALANCE
10/16/2024	GUEST ROOM	RAPA	3273908	\$189.00		
10/16/2024	AB TOURISM LEVY	RAPA	3273908	\$7.79		
10/16/2024	DMF	RAPA	3273908	\$5.67		
10/16/2024	GST	RAPA	3273908	\$9.73		
10/17/2024	GUEST ROOM	RAPA	3275011	\$189.00		
10/17/2024	AB TOURISM LEVY	RAPA	3275011	\$7.79		
10/17/2024	DMF	RAPA	3275011	\$5.67		
10/17/2024	GST	RAPA	3275011	\$9.73		
10/18/2024	VS [REDACTED]	dbernardo6	3275143		(\$424.38)	
**BALANCE**						\$0.00

	Revenue	Tax
Total Invoice Amount	\$378.00	\$46.38

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GST# 74111-4326 RT0001