TRUSTEE COMPENSATION AND EXPENSE CLAIM

Trustee Compensation and Expense Claim

Name: Lozinski, Debra

November 2024

MONTHLY HONORARIUM	Trustee										
MONTHLY BENEFIT ALLOWANCE	208.00										
SUB-TOTAL	1008.00										
				TRAVEL		**SUBSISTENCE ALLOWANCE Please select all that apply**			**LODGING**		
REGULAR BOARD MEETINGS	**Meeting Date(s)**	**Allowance/ Portion of Day**	**Prep Time**	**Full Rate**	**Reduced Rate**	**Breakfast**	**Lunch**	**Supper**	**Lodging Self**	**Hotel Receipt Total**	**Hotel Receipt GST**
	SUB-TOTAL	0.00									
COMMITTEE MEETINGS	**Meeting Date(s)**	**Allowance/ Portion of Day**	**Committee Chair**	**Full Rate**	**Reduced Rate**	**Breakfast**	**Lunch**	**Supper**	**Lodging Self**	**Hotel Receipt Total**	**Hotel Receipt GST**
ASBA & travel home	19-Nov-2024	Full Day	29.00	32		15.00	20.00	30.00	75.00		
	SUB-TOTAL	218.00									
PROFESSIONAL DEVELOPMENT/CONFERENCES	**Meeting Date(s)**	**Allowance/ Portion of Day**		**Full Rate**	**Reduced Rate**	**Breakfast**	**Lunch**	**Supper**	**Lodging Self**	**Hotel Receipt Total**	**Hotel Receipt GST**
	SUB-TOTAL	0.00									
COMMUNICATION ALLOWANCE	**Meeting Date(s)**	**Allowance**									
	December										
	SUB-TOTAL	0.00									
OTHER EXPENSES	**Expense Date**									**Total Receipt**	**GST on Receipt**
	SUBTOTALS	218.00	0.00	22.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total Claim 1248.40