



Trustee Compensation and Expense Claim

Name: Phillips, Lois
May 2025

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
Budget discussion	07-May-2025	Full 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		
May 14 Board Meeting	14-May-2025	Extended 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		
May 28 Board Meeting	28-May-2025	Extended 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		

SUB-TOTAL 872.00

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
TBLC - Cold Lake	07-May-2025	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		
Student Achievement	12-May-2025	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		
Position Paper for ASBA	12-May-2025	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"/>		
Edwin Parr banquet	23-May-2025	Full 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	221.56	10.22
Edwin Parr banquet	24-May-2025	Half Day	<input type="checkbox"/> 29.00			<input type="checkbox"/> 15.00	<input checked="" type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00		

SUB-TOTAL 654.00

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
						<input type="checkbox"/> 15.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 25.00	<input type="checkbox"/> 50.00		
						<input type="checkbox"/> 15.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 25.00	<input type="checkbox"/> 50.00		

SUB-TOTAL 0.00

COMMUNICATION ALLOWANCE	Meeting Date(s)	Allowance
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May 2025 May Trustee
SUB-TOTAL 75.00

OTHER EXPENSES	Expense Date
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Total Receipt	GST on Receipt
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SUBTOTALS 1601.00 218.00 0.00 0.00 0.00 20.00 0.00 0.00 221.56 10.22

Total Claim 3068.56



Phillips Lois




Canada

INFORMATION INVOICE


Room No. : 0811
Arrival : 05-23-25
Departure : 05-24-25
Page No. : 1 of 2
Folio No. :
Conf. No. : 486599004
Cashier No. : 1093
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
05-23-25	Room Revenue	169.29	
05-23-25	Destination Marketing Fee	5.08	
05-23-25	Room GST	8.72	
05-23-25	Tourism Levy	6.97	
05-23-25	Parking	30.00	
05-23-25	GST	1.50	
05-24-25	Visa 		221.56
Total Charges		221.56	
Total Credits			221.56
Balance			0.00

Merchant ID

Credit Card #

XXXXXXXXXXXX

Transaction ID

40969105

Credit Card Expiry

XX/XX

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

Matrix Hotel | 10640 100 Ave NW | Edmonton, AB T5J 3N8
Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962
Email: info@matrixedmonton.com
www.matrixedmonton.com



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Approval Code [REDACTED]
Approval Amount 221.56

Capture Method [REDACTED]
Transaction Amount 221.56

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