



Trustee Compensation and Expense Claim

Name: Norton, Blair
August 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	MeetingDate(s)	Allowance/ Portion of Day	Prep Time	Full Rate	Reduced Rate	Breakfast	Lunch	Supper	Lodging Self	Hotel Receipt Total	Hotel Receipt GST		
Board meeting-Bonnyville	25-Aug-2025	Extended Day	<input checked="" type="checkbox"/> 109.00		280	<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			327.00										
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		
TEBA	29-Aug-2025	Quarter 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"/>				
			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
SUB-TOTAL			54.50										
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		
PSBA-Red Deer	06-Aug-2025	Full Day			752	<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00	364.66	16.72		
PSBA-Red Deer	07-Aug-2025	Full Day				<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input checked="" type="checkbox"/> 30.00	<input type="checkbox"/> 75.00				
PSBA-Red Deer	08-Aug-2025	Full Day				<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"/>				
SUB-TOTAL			654.00										
COMMUNICATION ALLOWANCE	Meeting Date(s)	Allowance											
	August	Trustee											
SUB-TOTAL		75.00											
OTHER EXPENSES	Expense Date												
<div style="float: right;"> <table border="1"> <tr> <td>Total Receipt</td> <td>GST on Receipt</td> </tr> </table> </div>												Total Receipt	GST on Receipt
Total Receipt	GST on Receipt												

SUBTOTALS 1110.50 109.00 0.00 350.88 0.00 0.00 30.00 0.00 364.66 16.72

Total Claim 2973.04



Red Deer Resort and Casino
3310 50th Avenue Red Deer, Alberta T4N 3X9
Telephone: (403) 346-2091
Reservations: (403) 755-8830
Fax: (403) 755-1166
Email: reservations@rdrcasino.ca
GST: 71125-2676RT0001
www.rdrcasino.ca

Blair Norton
Canada

Room No. : 0234
Arrival : 08-06-25
Departure : 08-08-25
Page No. : 1 of 2
Folio No.
Conf. No. : 587052363
Cashier No. : 34
Custom Ref. :

INVOICE

Company Name : Public School Boards' Association of Alb
Group Name : Public School Boards Association of Albe
Guest Name :

Date	Description	Charges	Credits
08-06-25	Room Charge	164.00	
08-06-25	Destination Marketing Fee	3.28	
08-06-25	Tourism Levy	6.69	
08-06-25	Room GST 5% 71125-2676 RT0001	8.36	
08-07-25	Room Charge	164.00	
08-07-25	Destination Marketing Fee	3.28	
08-07-25	Tourism Levy	6.69	
08-07-25	Room GST 5% 71125-2676 RT0001	8.36	
08-08-25	MasterCard		364.66
Total Charges		364.66	
Total Credits			364.66
Balance			0.00

Merchant ID

Credit Card #

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.



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INVOICE

Company Name : Public School Boards' Association of Alb
Group Name : Public School Boards Association of Albe
Guest Name :

Transaction ID		Credit Card Expiry	XX/XX
Approval Code		Capture Method	Swiped
Approval Amount	364.66	Transaction Amount	364.66

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