

**Name: Ripkens, Roy**  
**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
Regular Board Meeting	25-Aug-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		
			<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
			<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"/>		
			<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		0.00									
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
PSBAA Summer Conference + Travel	06-Aug-2025	Full Day		154		<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00		
PSBAA Summer Conference	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		
PSBAA Summer Conference + Travel	08-Aug-2025	Full Day		154		<input type="checkbox"/> 15.00	<input type="checkbox"/> 20.00	<input type="checkbox"/> 30.00	<input type="checkbox"/> 75.00	386.90	17.74
						<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										
										Total Receipt	GST on Receipt

SUBTOTALS	1056.00	109.00	215.60	0.00	0.00	0.00	30.00	0.00	386.90	17.74
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**Total Claim 2805.50**



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

Roy Ripkens  
Canada

Room No. : 0404  
Arrival : 08-06-25  
Departure : 08-08-25  
Page No. : 1 of 2  
Folio No.  
Conf. No. : 588504762  
Cashier No. : 34  
Custom Ref. :

#### INFORMATION 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	174.00	
08-06-25	Destination Marketing Fee	3.48	
08-06-25	Tourism Levy	7.10	
08-06-25	Room GST 5% 71125-2676 RT0001	8.87	
08-07-25	Room Charge	174.00	
08-07-25	Destination Marketing Fee	3.48	
08-07-25	Tourism Levy	7.10	
08-07-25	Room GST 5% 71125-2676 RT0001	8.87	
08-08-25	MasterCard		386.90
Total Charges		386.90	
Total Credits			386.90
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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#### INFORMATION 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	386.90	Transaction Amount	386.90

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