



HONORARIA/EXPENSE CLAIM

928206

Claimant's Name: Karen Telford

Position: Trustee

Claim No. 33

Date: 27-Jan-20

Address: _____

Date: 27-Jan-20

Date	Depart From	Depart Time	Arrival to	Arrival Time	Details	Total Hours	Total kms	Meals			Other Expenses		Honoraria
								B	L	D	Lodging	Other (need receipt)	
5-Dec		7:00 PM		8:30 PM	Teleconference - Code of Conduct	1.5							\$ 56.25
17-Dec		6:00 PM		7:00 PM	Teleconference - Sust Creek Spec Mtg	1							\$ 56.25
24-Jan		8:00 AM	Edmonton	2:30 PM	Board Meeting	5.5				1			\$ 225.00
25-Jan		9:00 AM	Edmonton	12:00 PM	PD - Code of Conduct Policy/3 Year Plan	3							\$ -
25-Jan	Edmonton	1:00 PM	Spartanow	4:30 PM	Return Home	3.5							\$ 225.00
12-Dec		9:00 AM		10:00 AM	Policy Committee Teleconference	1							\$ 56.25
25-Jan					3 Trustee Days Per Month per policy								\$ 450.00
VISA Deductions													
Date	Description	Amount											
THIS COPY CHECKED FOR PREVIOUS PAYMENT													
Total													

Sub-total	0	0	0	1	0.00	0.00	\$ 1,068.75
Rates	0.51	15	20	20			
	\$ -	\$ -	\$ -	\$ 30.00	\$ -	\$ -	
Total Travel and Subsistence							\$ 30.00

SUMMARY (Increase Effective September 1, 2011)			
Expenses - Accounts Payable Use Only			
Kilometers	0	at \$0.51	= \$0.00
Meals			
Breakfast	0	at \$15.00	= \$0.00
Lunch	0	at \$30.00	= \$0.00
Dinner	1	at \$30.00	= \$30.00
		Subtotal	\$30.00
Accommodations & Other Expenses			
Lodging		=	\$0.00
Other		=	\$0.00
		Total Travel	\$30.00
		Less: Visa D	\$0.00
TO BE PAID BY ACCOUNTS PAYABLE			\$30.00
Honoraria - Payroll Use Only			
Honoraria		=	\$ 1,068.75
		Less: 30% F	-320.63
TO BE PAID BY PAYROLL		(Approximate)	\$ 748.12
Total Claim			\$ 778.12

TELFORD, KAREN
 Vendor: 11046 / Invoice: 928206
 202008INV01256

Guidelines to Completing the Expense Claim Form:

eter. Please note Accounts Payable uses Google Maps so

ne of return is later than 7:30 a.m.
 if return is later than 1:00 p.m.
 of return is later than 6:30 p.m.
 er the scheduled rate.

Accommodation:
 All arrangements are to be done by Central Office unless emergent situation - contact Board Chair.
 Lodging without receipts at a rate of \$40.00 per night can be claimed.

Travel Days
 0 km - 149 km = no travel day
 150 km - 399 km = 1/2 travel day
 Over 400 km = 1 travel day.

Honoraria Board Chair (per day)

- 1.0 day (4-8 hours) \$175
- 0.5 day (2-4 hours) \$137.50
- .25 day (less than 2 hours) \$68.75

Trustee:

- 1.0 day (4-8 hours) \$225
- 0.5 day (2-4 hours) \$112.50
- .25 day (less than 2 hours) \$56.25

Elder

- Only when invited by the Board to attend a meeting or event \$200.00 per diem

Office Use Only: <i>cd</i>							
T & S	1	461	07	70	082	90	30.00 11
Visa Deduct	1	039					- 11
Honoraria	1	072					748.12 E 11

Ward 11

Signature of Claimant

Date

Approved By

Date

E490-10-17

Direct Deposit to Account on File in Accounts Payable YES / NO

Robin Guild as per email

1-29-2020

Anneherne 1-30-2020

Deem Jan 30/20