#928767

V=11048

HONORARIA/EXPENSE CLAIM

Claimant's Name: Randy Anderson   Position: Trustee   Claim No. #04222020

Address: [redacted]   Date: April 22 2020

Date	Depart From	Depart Time	Arrival to	Arrival Time	Details	Total Hours	Total Kms	Meals B	Meals L	Meals D	Other Expenses Lodging	Other (need receipts)	Honoraria
April 9th		10:00 AM		11:00 AM	Board Advocacy Meeting.	1							$ 56.25
April 17th		9:00 AM		2:00 PM	Board Meeting.	5							$ 225.00
Sub-total						6	0	0	0	0	0.00	0.00	$ 281.25
Rates							0.51	15	20	30			
							$ -	$ -	$ -	$ -	$ -	$ -	

Total Travel and Subsistence $ -

BLM

ANDERSON, RANDY
Ven #:11048 / Inv #:928767
Batch #: 202008INV08013
FIN_AP_INVOICE

VISA Deductions

Date	Description	Amount
	Total	$ -

REVIEWED
By carol.lillico at 3:50 pm, Apr 23, 2020

EXPENSES					
Kilometers	0	at	$0.51	=	$ -
Meals					
Breakfast	0	at	$15.00	=	$ -
Lunch	0	at	$20.00	=	$ -
Dinner	0	at	$30.00	=	$ -
				Subtotal	$ -
Accommodations & Other Expenses					
Lodging					$ -
Other					$ -
				Expenses Sub Total	$ -
				Less: VISA Deductions	$ -
				Expenses Total	$ -

HONORARIA		
Honoraria - Rates		
Chair - 1.0 Day (4-8 hours)	$	275.00
Chair - .5 Day (2-4 hours)	$	137.50
Chair - .25 Day (less than 2 hours)	$	68.75
Trustee - 1.0 Day (4-8 hours)	$	225.00
Trustee - .5 Day (2-4 hours)	$	112.50
Trustee - .25 Day (less than 2 hours)	$	56.25
Honoraria Sub Total	$	281.25
Less: 30% Payroll Deductions	$	84.38
Honoraria Total	$	196.88

TOTAL CLAIM	$	196.88

NOTES:
emailed to Robin 4/22/2020

Office Use Only:

G/L Code	F	OBJ	FS	P	SP	FA	Amount	Ward
T & S	1	461	07	70	082	90	-	Ward03
Visa Deduct	1	039					-	3
Honoraria	1	072					196.88	3

E

Randy Anderson email attached — Signature of Claimant   Apr 22,2020 — Date

Robin Guild Email attached — Approved By   4/23/2020 — Date

E490-10-17   Direct Deposit to Account on File in Accounts Payable YES / NO

RECEIVED
By brandy.mitchell at 8:58 am, Apr 23, 2020

#928706

ANDERSON, RANDY
Ven #: 11048 / Inv #:928706
Batch #: 202008INV04077
FIN_AP_INVOICE

HONORARIA/EXPENSE CLAIM

Claimant's Name: Randy Anderson **Position:** Trustee **Claim No.** #04082020

Address: [redacted] **Date:** April 8 2020

Date	Depart From	Depart Time	Arrival to	Arrival Time	Details	Total Hours	Total Kms	Meals B	Meals L	Meals D	Other Expenses Lodging	Other (need receipts)	Honoraria
April 3rd		9:30 AM		11:30 AM	Update for Board Zoom Mtg.	2							$ 112.50
April					Trustee Days (2)								$ 450.00
Sub-total						2	0	0	0	0	0.00	0.00	$ 562.50
Rates							0.51	15	20	30			
							$ -	$ -	$ -	$ -	$ -	$ -	
Total Travel and Subsistence												$ -	

VISA Deductions

Date	Description	Amount
	Total	$ -

REVIEWED
By carol.lillico at 1:59 pm, Apr 14, 2020

EXPENSES					
Kilometers	0	at	$0.51	=	$ -
Meals					
Breakfast	0	at	$15.00	=	$ -
Lunch	0	at	$20.00	=	$ -
Dinner	0	at	$30.00	=	$ -
				Subtotal	$ -
Accommodations & Other Expenses					
Lodging					$ -
Other					$ -
				Expenses Sub Total	$ -
				Less: VISA Deductions	$ -
				Expenses Total	$ -

HONORARIA		
Honoraria - Rates		
Chair - 1.0 Day (4-8 hours)	$	275.00
Chair - .5 Day (2-4 hours)	$	137.50
Chair - .25 Day (less than 2 hours)	$	68.75
Trustee - 1.0 Day (4-8 hours)	$	225.00
Trustee - .5 Day (2-4 hours)	$	112.50
Trustee - .25 Day (less than 2 hours)	$	56.25
Honoraria Sub Total	$	562.50
Less: 30% Payroll Deductions	$	168.75
Honoraria Total	$	393.75

TOTAL CLAIM $ 393.75

NOTES:
Emailed to Robin 4/9/2020
Thucharme

Office Use Only:

G/L Code	F	OBJ	FS	P	SP	FA	Amount	Ward
T & S	1	461	07	70	082	90	-	Ward03
Visa Deduct	1	039					-	3
Honoraria	1	072					393.75	3

E

Randy Anderson email attached
Signature of Claimant Date

Robin Guild Email attached
Approved By Date

E490-10-17 Direct Deposit to Account on File in Accounts Payable YES / NO

RECEIVED
By brandy.mitchell at 1:47 pm, Apr 09, 2020