

HONORARIA/EXPENSE CLAIM

Claimant's Name: Randy Anderson V=11048 Position: Trustee Claim No. #06032020

Address: _____ Date: June 3 2020

Date	Depart From	Depart Time	Arrival to	Arrival Time	Details	Total Hours	Total Kms	Meals			Lodging	Other (need receipts)	Honoraria																				
								B	L	D																							
May 22					Board Meeting	4.5						\$ 225.00																					
May 29th	Gift Lake	8:30 AM	East Prairie		Assist in the interviewing of the Principal position.Return to Gift Lake	7	220		1			\$ 225.00																					
June 1st					ASBA General Meeting	7.5						\$ 225.00																					
June 1st					Allowed 2 working days for June							\$ 450.00																					
<table border="1"> <thead> <tr> <th colspan="3">VISA Deductions</th> </tr> <tr> <th>Date</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td>Total</td> <td></td> <td>\$ -</td> </tr> </tbody> </table>													VISA Deductions			Date	Description	Amount													Total		\$ -
VISA Deductions																																	
Date	Description	Amount																															
Total		\$ -																															
Sub-total						19	220	0	1	0	0.00	0.00	\$ 1,125.00																				
Rates						0.31	15	20	30																								
Total Travel and Subistence						\$ 112.20	\$ -	\$ 20.00	\$ -	\$ -	\$ -	\$ -	\$ 132.20																				

Kilometers	220	at	\$0.51	=	\$ 112.20
Meals					
Breakfast	0	at	\$15.00	=	\$ -
Lunch	1	at	\$20.00	=	\$ 20.00
Dinner	0	at	\$30.00	=	\$ -
Subtotal \$ 20.00					
Accommodations & Other Expenses					
Lodging				\$ -	
Other				\$ -	
Expenses Sub Total \$ 132.20					
Less: VISA Deductions \$ -					
Expenses Total \$ 132.20					

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 \$ 1,125.00	
Less: 30% Payroll Deductions \$ 337.50	
Honoraria Total \$ 787.50	

TOTAL CLAIM \$ **919.70**

Office Use Only

City Code	F	DL	FS	P	SP	TA	Amount	Ward
T & S	1	461	07	70	082	90	132.20	Ward03
Visa Deduct	1	039					-	3
Honoraria	1	072					787.50	3

Randy Anderson email attached _____ Jun 3, 2020
 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 carol.hillico at 8:52 am, Jun 03, 2020

REVIEWED
 By carol.hillico at 1:34 pm, Jun 03, 2020