#928942

HONORARIA/EXPENSE CLAIM

Claimant's Name: Rubi Shirley V=10292 Position: Trustee Claim No. #04222020

Address: [redacted] Date: Apr 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 Expenses Other (need receipts)	Honoraria
Apr 17 2020					V. Board meeting pd May 13/20								$ 225.00
Apr 1 2020					Trustee days								$ 450.00
April 8/20					Policy meeting								$ 112.50
					Minus $100.00 deducted May 13/20								
					Sub-total	0	0	0	0	0	0.00	0.00	$ 787.50
					Rates			15	20	30			
						$ -	$ -	$ -	$ -	$ -		$ -	
					Total Travel and Subsistence							$ -	

VISA Deductions

Date	Description	Amount
	Total	$ -

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	$	787.50
Less: 30% Payroll Deductions	$	236.25
Honoraria Total	$	551.25

TOTAL CLAIM	$ 551.25

NOTES:

Total claim paid pd May 13

787.50
225.00
562.50

less 10% CPP 56.00

506.50

Honoraria is non-taxable due to being earned on reserve.

Robin approval attached

[signature] May 15/20

Office Use Only

T & S	1	461	07	70	082	90	$0.00	Ward09
Visa Deduct	1	039					$0.00	9
Honoraria	1	072					$551.25 506.50	E 9

Rubi Shirley — Signature of Claimant

Mar 24.2020 — Date

Robin Guild Email attached — Approved By

Date

E490-10-17

RECEIVED By carol.lillico at 2:21 pm, May 15, 2020

REVIEWED By carol.lillico at 2:24 pm, May 15, 2020

POSTED
B Mitchell

HONORARIA/EXPENSE CLAIM

#928887

Claimant's Name: Rubi Shirley V=10292 Position: Trustee Claim No. #05062020

Address: PO Box 17 Fort Chipewyan, AB T0P 1B0 Date: May 6, 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)	25
Apr 17 2020					V. Board Meeting	5							$ 225.00
					Sub-total	$	0	0	0	0	0.00	0.00	$ 225.00
					Rates			15	20	30			
							$ -	$ -	$ -	$ -	$ -	$ -	
					Total Travel and Subsistence							$ -	

VISA Deductions		
Date	Description	Amount
	Total	$ -

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	$	225.00
Less: 30% Payroll Deductions	$	67.50
Honoraria Total	$	157.50

NOTES:

TOTAL CLAIM	$	157.50

Office Use Only:

G/L Code	F	OBJ	FS	P	SP	FA	Amount	Ward
T & S	1	461	07	70	082	90	$0.00	Ward09
Visa Deduct	1	039					$0.00	9
Honoraria	1	072					$157.50	9

E

Rubi Shirley — Signature of Claimant

Mar 24,2020 — Date

Robin Guild Email attached — Approved By ✓

Date

REVIEWED
By carol.lillico at 3:34 pm, May 07, 2020

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