



FORT VERMILION SCHOOL DIVISION No. 52

TRUSTEE REMUNERATION CLAIM - CHAIR

NAME OF CLAIMANT: _____

MAILING ADDRESS: _____

DATE 20__	DESCRIPTION OF MEETING OR SEMINAR/CONVENTION	REGULAR / ZONE MEETINGS (DAYS)	SEMINARS / CONVENTIONS (DAYS)	TRAVEL TIME (HOURS)	SPECIAL / COMMITTEE MEETINGS (HOURS)
TOTAL		DAYS	DAYS	HOURS	HOURS

TRUSTEE REMUNERATION TOTALS:

Regular/Zone Meetings: \$135.00/day (first 8 hours)	___ days @ \$135.00/day =	\$ _____
Additional hours:	___ hours @ \$20.00/hour =	\$ _____
Travel time to Zone Meetings/ Seminars/Conventions: \$20.00 per hour	___ hours @ \$20.00/hour =	\$ _____
Special/Committee Meetings: \$20.00 per hour	___ hours @ \$20.00/hour =	\$ _____
LESS ADVANCE		- \$ _____
TOTAL EXPENSES CLAIMED BY CLAIMANT		\$ _____

Code Accounting: 1-280-410-000-0210

I hereby certify that the whole of this expenditure was incurred on Divisional business and that amounts claimed have not previously been paid to me or on my behalf.

Signature of Claimant

APPROVED FOR PAYMENT