ORANGEVILLE OPP DETACHMENT BOARD
APPROVED REMUNERATION/EXPENSES CLAIM FORM

Name of Board Member/Executive Assistant: **Ian McSweeney**

Description of Approved Special Meeting/Assigned Work: **May 17, 2024 – Attend 2nd new member orientation – IM, JW, MA**

Remuneration Claim

Number of per diem days claimed: **1** day(s)

Total amount of per diems claimed: $ **100** ($100 x per diem days)

Expenses Claim (receipts must be attached)

Date and Description of Expense

Date/Description:_____

Date/Description:_____

Date/Description:_____

Date/Description:_____

Date/Description:_____

Total Claim: **$100**
Date Claim Submitted: **May 17, 2024**

Claimant Signature:_____