



ORANGEVILLE OPP DETACHMENT BOARD
APPROVED REMUNERATION/EXPENSES CLAIM FORM

Name of Board Member/Executive Assistant: **Warren Maycock**

Description of Approved Special Meeting/Assigned Work: **June 14, 2024 – Attend Special Meeting to review Board Annual Report to Council. – IM, TT, WM, MA, LP, JW**

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: June 14, 2024

Warren Maycock Per Ian McSweeney

A handwritten signature in black ink, appearing to be "Ian McSweeney", written over a horizontal line.

Claimant Signature: _____