



ORANGEVILLE OPP DETACHMENT BOARD
APPROVED REMUNERATION/EXPENSES CLAIM FORM

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

Description of Approved Special Meeting/Assigned Work: **September 4, 2024 – Complete Mandatory Thematic Training Modules – IM**

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: September 4, 2024

Claimant Signature: _____