



ORANGEVILLE OPP DETACHMENT BOARD
APPROVED REMUNERATION/EXPENSES CLAIM FORM

Name of Board Member/Executive Assistant: Warren Maycock

Description of Approved Special Meeting/Assigned Work:

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: Sept 13th Thematic Training

Date/Description: _____

Date/Description: _____

Date/Description: _____

Date/Description: _____

Total Claim: \$100

Date Claim Submitted: Sept. 25th

Claimant Signature: Warren Maycock