



ORANGEVILLE OPP DETACHMENT BOARD
APPROVED REMUNERATION/EXPENSES CLAIM FORM

Name of Board Member/Executive Assistant: **Todd Taylor**

Description of Approved Special Meeting/Assigned Work: **Nov. 12, 2024, completed Thematic Board member training – LP**

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: Nov. 12, 2024

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

Claimant Signature: _____

Todd Taylor per Ian McSweeney