



**ORANGEVILLE OPP DETACHMENT BOARD**  
**APPROVED REMUNERATION/EXPENSES CLAIM FORM**

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

Description of Approved Special Meeting/Assigned Work: **December 16, 2024 – Attend OAPSB Zone Committee Meeting – 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: January 3, 2025**

**Claimant Signature:** \_\_\_\_\_