



ORANGEVILLE OPP DETACHMENT BOARD
APPROVED REMUNERATION/EXPENSES CLAIM FORM

Name of Board Member/Executive Assistant: **Lisa Post**

Description of Approved Special Meeting/Assigned Work: **Mar. 11, 2025 – OAPSB Zone 5 Meeting – 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: May 13, 2025

Claimant Signature: Lisa Post