



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: 2day(s)

Total amount of per diems claimed: \$200 (\$100 x per diem days)

Expenses Claim (receipts must be attached)

Date and Description of Expense

Date/Description: May 2 Pre-Agenda Meeting

Date/Description: May 8 Detachment Tour

Date/Description: _____

Date/Description: _____

Date/Description: _____

Total Claim: \$200

Date Claim Submitted: May 9

Claimant Signature: Warren Maycock