

TRUSTEE INDEMNITIES AND EXPENSES

TRUSTEE INDEMNITIES:

1. Mileage: (K – 6)

Mileage expenses incurred by the Trustees for their attendance at scheduled meetings, committee meetings and when Trustees are serving as appointed representatives of the Turtle Mountain School Division Board shall be paid at the prevailing rate. The prevailing rate shall be fixed by By-Law and reviewed in November of each year by Committee of the Whole. Whereas a division vehicle is attending the same function, all efforts should be made to take advantage of the division vehicle that is attending.

2. Per Diem Allowance: (B – 4)

Trustee per diem rates and its maximum shall be set and reviewed in November of each year by Committee of the Whole. Such rates will be in effect for Trustees required to be at a Board approved function and committee meetings. The per diem allowance will include travel time.

3. Convention/Conference Expenses:

The Board will assume the following costs relevant to a conference/convention:

- a) Registration fees for Trustees.
- b) Travel “to and from” for Trustees only.
- c) Accommodation and meals for Trustees only.

Such expenses will be reimbursed upon presentation of original receipts to the Secretary-Treasurer. The maximum meal allowances shall be reviewed by Committee of the Whole in November of each year.

4. Annual Indemnity:

Trustees shall be paid an annual indemnity. The amount of the indemnity for each of the above positions will be fixed by By-Law and reviewed in November of each year by Committee of the Whole.

MILEAGE EXPENSE CLAIM

NAME: _____
 (PLEASE PRINT)

<u>DATE</u>				<u>PURPOSE</u>	<u># KM.</u>
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____

TOTAL MILEAGE _____

TOTAL NUMBER OF KM. _____ @ .47 PER KM. = \$ _____

(Original to be on pink paper)

(Transfer to page 2)

EXPENSE CLAIM FORM

DATE	DESCRIPTION	ACCOUNT #	AMOUNT

Total non-mileage expenses \$ _____
Mileage expenses (from page 1) Account # _____ \$ _____
Total claim \$ _____

Claimant (Please print)

Supervisor Approval

Claimant (signature)

Date

Date

Notes:

1. All expense claims are to be in to the Division Board Office by Wednesday for payment to be processed on Thursday.
2. All bills and vouchers should be initialed before being attached for reimbursement.
3. Expenses will not be reimbursed without receipts.
4. The School Division does not reimburse alcoholic beverages.
5. Meals max rates: Breakfast \$15.00 ~ Lunch \$20.00 ~ Dinner \$30.00