

## Trustee Per Diem

**Name:** Tasha Oatway-McLay

**Month:** September 2025

**GL CODE:** 281-400-556-000-21

Date	Function Attended	Hours (2-Hour Rate = \$37.50)	Amount (\$)
sept 4	TEBA Engagement	2	\$37.50
sept 25	TEBA Engagement	2	\$37.50
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**TOTAL TO REIMBURSE:** \$75.00

**Certification:**

I hereby certify that the whole of the expenditures were for Division Business and that amounts claimed have not been previously paid to me or on my behalf.

**Central Office**  
**School/Location**

**Tasha Oatway-McLay**  
**Board Chair Name**

**October 6, 2025**  
**Date**

**Stacey Buga**  
**Vice Chair Name**

**Vice Chair Signature**

**October 6, 2025**  
**Date**

Last updated:

Aug 29, 2025