

**Town of New Boston
2017 Trustees Expenses**

Account Number	Account Name	{2015}		{2016}		{2017}	{2017}
		Budget	Actual	Requested	Budget	Actual As of 9/30/2016	Requested
01-4199-1-110	TRUSTEE STIPEND One trustee has to complete a detailed financial form for the state Time estimate is 50 hours at \$20/hr = \$1,000	1,000	1,000	1,000	1,000	1,000	1,000
01-4199-1-340	SAFE DEPOSIT BOX FEE Safe Deposit Box Fee (for keeping original trust documents) = \$70	70	64	70	70	70	70
Totals Budget		1,070	1,064	1,070	1,070	1,070	1,070

TOTAL	2012	2013	2014
Budget	1,064	1,064	1,070
Actual	1,064	1,064	1,064