

Name Month Year

Meeting Compensation = \$50.00/Day or Portion Thereof

Day	Name of meeting or funtion	Day	Name of meeting or funtion
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

Board Member Signature _____

****Original signature required! Please print and sign.****
(This notation will not print.)

Date

Board President Signature _____

****Original signature required! Please print and sign.****
(This notation will not print.)

Date

Recapitulation - for office use only			
Account _____	Days _____	@ \$50.00 = Pay \$ _____	