Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME	Meetings During the Month of

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM				
Day of Month	CHECK ONE: Co. Board	Comm.	Sub-Comm.	Mileage	Name of Commitee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
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* Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE	DATE

014-135 (10/11) WHITE - Controller YELLOW - Remittance PINK - Individual