REQUEST FOR PER DIEM FOR A MEETING

DATE OF MEETING: _____

NAME OF MEETING: _____

_____

Special Line item # _____
if applicable

Are you officially appointed to this Committee? ☐ Yes ☐ No

Are you the alternate to this Committee? ☐ Yes ☐ No

If this is not a regular meeting, list reason for special meeting: _____

LOCATION:

☐ **HMCR** ☐ **Commissioners Conference Room** ☐ **Media Room** ☐ **Other** _____

Per Diem Cost $_____ Miles (round trip)_____ Meals_____
Original receipts attached

****If you have a Waiver of Mileage on file at the Clerk's office, you will not be paid for mileage.**

☐ $60 - full day ☐ $30 - half day

Full days are 3 or more hours & half days are less than 3 hours

_____

Signature **Date**

_____

Print Name

*****If applicable*

_____

*****Finance Chairman's signature* *Date*

**If you are not officially appointed to serve on this committee, this form is to be submitted to the Finance Committee for approval at their regular monthly meeting. Please submit this request in advance of your meeting. Please note the reason in the space above.*

_____

*****Chairman of the Board's signature* *Date*

If you were asked specifically by the Chairman of the Board to attend a special meeting. Purpose of meeting in space above

Bates Per Diems\20 request for per diem wpd
2-3-15 revised/lle