Town of Madison
2120 Fish Hatchery Road
Madison, WI 53713
(608) 257-1494

Commission or Committee Per Diem Request

- **Commission/Committee Name:** Advisory Planning Committee
- **Chair - (print name)**
- **Submission Period**

Note: Requests are to be submitted by the end of June and the end of December for the previous six month period. Per Diem Checks are issued in July and January.

MEETING ATTENDED (DATE)	MEMBER NAME						
	Rose	Eklof	Bloom	Slane	Pierstorff		

- **Signature**

CHAIR **Date:**

SECRETARY **Date:**

DATE RECEIVED_____by____ DATE VOUCHERED_____by_____ DATE PAID_____by____