Town of Madison
2120 Fish Hatchery Road
Madison, WI 53713
(608) 210-7260

Commission or Committee Per Diem Request

- **Commission/Committee Name:** Community Service 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**						
	Reibetanz	Cox	Banks	Furnas	Kohl		

- **Signature**

CHAIR **Date:**

SECRETARY **Date:**

DATE RECEIVED_____by____ DATE VOUCHERED_____by_____ DATE PAID_____by____