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

# Commission or Committee Per Diem Request

- **Commission/Committee Name:** Housing 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 | | | | | | |
|---|---|---|---|---|---|---|---|
| | Johnson | Solberg | Garner | Johannsen | Hegenbarth | | |
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- **Signature**

**CHAIR** **Date:**

**SECRETARY** **Date:**

DATE RECEIVED_____by____ DATE VOUCHERED_____by_____ DATE PAID_____by____