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

Commission or Committee Per Diem Request

- **Commission/Committee Name:** Parks Commission
- **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						
	Storlie	Davis	Graham	Jeffries	Rhoden	Zallar	

- **Signature**

CHAIR **Date:**

SECRETARY **Date:**

DATE RECEIVED_____by____ DATE VOUCHERED_____by_____ DATE PAID_____by____