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Dane County Board Supervisor Meeting/Mileage Claim

NAME *Holly Hatcher* Meetings During the Month of *October*

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED NON-STANDING COMMITTEE PER DIEM

Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
<i>10/7</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<i>Board of Health</i>	<i>10/7</i>	<i>5pm</i>			<i>Board of Health</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

* Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

<i>I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.</i>	SIGNATURE <i>Holly Hatcher</i>	DATE <i>12/14/20</i>
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Dane County Board Supervisor Meeting/Mileage Claim

NAME Holly Hatcher Meetings During the Month of September

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
9/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Board of Health	9/2	5PM			Board of Health
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE	DATE
	<u>Holly Hatcher</u>	<u>9/2/20</u>

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Dane County Board Supervisor Meeting/Mileage Claim

NAME Holly Hatcher Meetings During the Month of August

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
<u>8/5</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Board of Health</u>	<u>8/5</u>	<u>5pm</u>			<u>Board of Health</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE <u>Holly Hatcher</u>	DATE <u>12/10/20</u>
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014-135 (10/11)

WHITE - Controller

YELLOW - Remittance

PINK - Individual

Clear Form

Submit

Dane County Board Supervisor Meeting/Mileage Claim

NAME Holly Hatcher Meetings During the Month of July

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED

NON-STANDING COMMITTEE PER DIEM

Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
7/1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Board of Health	7/1	5pm			Board of Health
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

* Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.

SIGNATURE Holly Hatcher

DATE 12/16/20

014-135 (10/11)

WHITE - Controller

YELLOW - Remittance

PINK - Individual

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Dane County Board Supervisor Meeting/Mileage Claim

NAME Holly Hatker Meetings During the Month of June

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED **NON-STANDING COMMITTEE PER DIEM**

Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
6/3		<input checked="" type="checkbox"/>			Board of Health	6/3	5pm			Board of Health

* Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.

SIGNATURE Holly Hatker

DATE 12/16/20

014-135 (10/11)

WHITE - Controller

YELLOW - Remittance

PINK - Individual

Dane County Board Supervisor Meeting/Mileage Claim

NAME McCarville Meetings During the Month of March 2020

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
						11	5:30			Airport Commission

* Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE <u>Maureen McCarville</u>	DATE <u>12/2020</u>
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Dane County Board Supervisor Meeting/Mileage Claim

NAME McCarville Meetings During the Month of June 2020

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
						24	5:30			EMS Commission
						17	5:30			Zales + Watershed Commission
						10	5:30			Airport Commission

* Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

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Dane County Board Supervisor Meeting/Mileage Claim

NAME McCarrille Meetings During the Month of August 2020

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
						12	5:30			Airport Commission
						9	5:30			Lakes & Watershed Commission
						27	12:15			Criminal Justice Council

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Dane County Board Supervisor Meeting/Mileage Claim

NAME McCarrille Meetings During the Month of September 2020

STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED					NON-STANDING COMMITTEE PER DIEM					
Day of Month	CHECK ONE			Mileage	Name of Committee Other Than county Board	Day of Month	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Comm.	Sub-Comm.							
						16	5:30			Zales & Watershed Commission
						15	8:30			Commission Status & Crimes
						24	12:15			Criminal Justice Council

* Compensation shall not be paid for a second or subsequence meetings unless the first meeting of the day has a starting time which is at least two (2) hours before the starting time of the second meeting or subsequent meeting for which compensation is sought.

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I hereby certify that the information on the form is true, correct and to the best of my knowledge complies with current Dane county Ordinance.	SIGNATURE 	DATE <u>12/2020</u>
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