

**Dane County Board Supervisor  
Meeting/Mileage Claim**

**Submit**

**Clear Form**

NAME Melissa Ratcliff Meetings During the Month of April 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	Sub-Comm.							
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public works					
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
22	<input checked="" 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 subsequent 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 Melissa Ratcliff

DATE 11/20/20

014-135 (10/11)

WHITE - Controller

YELLOW - Recurrence

PINK - Individual

# Dane County Board Supervisor Meeting/Mileage Claim

Submit

Clear Form

NAME: Melissa Ratcliff Meetings During the Month of: May 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	Sub-Comm.							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public Works					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public Works	20				JW extension
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public Works					
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public Works					
	<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"/>							

\* Compensation shall not be paid for a second or subsequent 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: Melissa Ratcliff DATE: 11/20/20

PRINT - Individual

YELLOW - Remittance

WHITE - Controller

014-135 (10/11)

# Dane County Board Supervisor Meeting/Mileage Claim

Submit

Clear Form

NAME: Melissa Ratcliff 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	Sub-Comm. Comm.							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public works					
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public works					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>			9				JW extension
15	<input checked="" 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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**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: Melissa Ratcliff

DATE: 11/20/20

014-135 (10/11)

WHITE - Controller

YELLOW - Resubstance

PINK - Individual



# Dane County Board Supervisor Meeting/Mileage Claim

**Submit**

**Clear Form**

NAME Melissa Ratchiff 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	Meeting Start Time*	Other Comm.	Mileage	Name of Non-Standing committee
	Co. Board	Sub-Comm.						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public Works	31			AAA Board
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>			4			JW extension
	<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"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

\* Compensation shall not be paid for a second or subsequent 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**

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SIGNATURE Melissa Ratchiff DATE 11/20/20

014-135 (10/11)

WHITE - Contractor

YELLOW - Residence

PINK - Individual

Clear Form

Submit

# Dane County Board Supervisor Meeting/Mileage Claim

NAME: Melissa Ratcliff 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	Sub-Comm.							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public Works	3				Library Board
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Public Works					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
17	<input checked="" 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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RETURN TO COUNTY BOARD OFFICE (Room 106b) ON A MONTHLY BASIS

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014-135 (10/11) WHITE - Controller

SIGNATURE: Melissa Ratcliff DATE: 11/20/20

PINK - Individual YELLOW - Remittance

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Submit

# Dane County Board Supervisor Meeting/Mileage Claim

NAME <b>Andrew Schauer</b>	Meetings During the Month of <b>Jan - April 2020</b>
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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.							
2/6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.		2/12	5:30p	X	14.	Airport Commission
2/11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	PWT					
2/20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.						
3/5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3/19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3/24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		PWT					
4/2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
4/21	<input checked="" 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"/>							

\* 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	DATE <b>11/23/2020</b>
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**Clear Form****Submit****Dane County Board Supervisor  
Meeting/Mileage Claim**NAME  
**Andrew Schauer** Meetings During the Month of  
**May - Aug 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.							
5/4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F	5/13	5:30p	X		Airport Commission
5/7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			6/10	5:30p	X		Airport Commission
5/18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F	7/8	5:30p	X		Airport Commission
5/21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			8/12	5:30p	X		Airport Commission
6/1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F					
6/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
6/15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F					
7/9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
8/3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F					
8/13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
8/24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		County Board					

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SIGNATURE

DATE

11/23/20



Clear Form

Submit

# Dane County Board Supervisor Meeting/Mileage Claim

NAME <b>Andrew Schauer</b>	Meetings During the Month of <b>Sept - Oct 2020</b>
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<b>STANDING COMMITTEE/STANDING SUB-COMMITTEE SALARIED</b>	<b>NON-STANDING COMMITTEE PER DIEM</b>
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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.							
9/3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
9/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
9/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
9/21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F					
10/1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
10/5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F					
10/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
10/21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
10/26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F					
10/28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P&F					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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<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	DATE <b>11/23/20</b>
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Clear Form

Submit

# Dane County Board Supervisor Meeting/Mileage Claim

NAME  
**Alex Joers**


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.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			29	5:30	NA	0	Youth Commission
	<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"/>							
	<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"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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SIGNATURE: 

DATE: 11/27/2020



Clear Form

Submit

### Dane County Board Supervisor Meeting/Mileage Claim

NAME: **Matt Veldran** Meetings During the Month of **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.							
						2/20	5:15			Specialized Transit Commission
						7/16	5:15			Specialized Transit Commission
						8/20	5:15			Specialized Transit Commission
						9/24	5:15			Specialized Transit Commission
						10/15	5:15			Specialized Transit Commission
						11/19	5:15			Specialized Transit Commission

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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: **11/30/20**

014-135 (10/11)      WHITE - Controller      YELLOW - Remittance      PINK - Individual