

Clear Form

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Dane County Board Supervisor Meeting/Mileage Claim

NAME Holly Hatcher Meetings During the Month of April

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.							
						4/17	5pm		X	Bd of Health
						4/27	5pm		X	Bd of Health - Budget

* 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>Holly Hatcher</u>	DATE <u>20/4/21</u>
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Dane County Board Supervisor Meeting/Mileage Claim

NAME Holly Hatcher Meetings During the Month of March

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"/>			3/11	5pm		X	Pst. 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"/>							
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	<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"/>	<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
	<u>Holly Hatcher</u>	<u>6/4/21</u>

Clear Form

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Dane County Board Supervisor Meeting/Mileage Claim

NAME Holly Hatcher Meetings During the Month of February

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"/>			2/3	5pm		X	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"/>							
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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"/>	<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 <u>Holly Hatcher</u>	DATE <u>2/4/21</u>
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Clear Form

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Dane County Board Supervisor Meeting/Mileage Claim

NAME Holly Hatcher Meetings During the Month of January

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.							
13		X		X	Board of Health	1/13	5PM		X	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 Hatcher DATE 6/4/21

Dane County Resident Member

Meeting/Mileage Claim

NAME				MEETINGS DURING THE MONTH OF	
Mary Klehr				Feb, Mar, Apr, May, June 2021	
DAY OF MONTH	MEETING START TIME*	CHECK ONE		MILEAGE	NAME OF COMMITTEE
		COMM.	SUB-COMM.		
2/24	5:15pm	x		0	Dane Arts Commission
3/17	5:15pm	x		0	Dane Arts Commission
4/14	4:30pm	x		0	Dane Arts Commission
5/19	5:15pm	x		0	Dane Arts Commission
6/16	5:15pm	x		0	Dane Arts Commission

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EMAIL FORM TO BOARD.OFFICE.STAFF@COUNTYOFDANE.COM ON A MONTHLY BASIS

<p>I hereby certify that the information on this form is true, correct and to the best of my knowledge complies with current Dane County Ordinance. To certify, please check the box to the right.</p>	<input checked="" type="checkbox"/>	<p>DATE 06/18/21</p>
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Dane County Citizen Members Meeting/Mileage Claim

NAME <i>GARY POULSON</i>				MEETINGS DURING THE MONTH OF <i>JAN thru JUNE 2021</i>	
Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
<i>1/28</i>	<i>12:15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	<i>South Central Lib. System</i>
<i>2/25</i>	<i>12:15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	<i>" " " "</i>
<i>3/25</i>	<i>12:15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	<i>" " " "</i>
<i>4/22</i>	<i>12:15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	<i>" " " "</i>
<i>5/27</i>	<i>12:15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	<i>" " " "</i>
<i>6/24</i>	<i>12:15</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>38</i>	<i>" " " "</i>

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

I hereby certify that the information on this form is true, correct and to the best of my knowledge complies with current Dane County Ordinance.	SIGNATURE 	DATE <i>6/25/21</i>
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