

Dane County Citizen Members Meeting/Mileage Claim

NAME <i>Jeremiah DeGallon</i>				MEETINGS DURING THE MONTH OF <i>March</i>	
Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
<i>3/31/20</i>	<i>5:30pm</i>	<i>X</i>			<i>Community Dev. Block Grant</i>

* 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 this form is true, correct and to the best of my knowledge complies with current Dane County Ordinance.	SIGNATURE	DATE
	<i>[Handwritten Signature]</i>	<i>11/5/20</i>

Dane County Citizen Members Meeting/Mileage Claim

NAME <i>Jeremiah DeGollon</i>			MEETINGS DURING THE MONTH OF <i>May</i>		
Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
<i>5/5/20</i>	<i>5:30pm</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<i>Community Dev. Block Grant</i>

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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>5/5/20</i>
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Dane County Citizen Members Meeting/Mileage Claim

NAME <i>Jeremiah DeGallon</i>			MEETINGS DURING THE MONTH OF <i>June</i>		
Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
<i>6/15/20</i>	<i>5:30pm</i>	<i>X</i>			<i>Community Dev. Block Grant</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>4/5/20</i>
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014-134-5 (10/11) WHITE - Controller YELLOW - Remittance PINK - Individual

Dane County Citizen Members Meeting/Mileage Claim

NAME <i>Jeremiah DeGallon</i>			MEETINGS DURING THE MONTH OF <i>August</i>		
Day of Month	Meeting Start Time *	CHECK ONE		Mileage	Name of Committee
		Comm.	Sub-Comm.		
<i>8/25/20</i>	<i>5pm</i>	<input checked="" type="checkbox"/>			<i>Community Dev. Block Grant</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>8/15/20</i>
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