



DIRECTOR'S MONTHLY STIPEND FEES FORM

TO: Payroll Department
FROM: District Secretary's Office
SUBJECT: Monthly Stipend Fees

DIRECTOR: _____ **MONTH:** _____ **YEAR:** _____

NOTE: Pursuant to Board Policy 123, compensation will be paid for all authorized meetings outlined in Resolution No. 25-039. Attendance is required for all noticed & scheduled Regular meetings held in each month the monthly stipend is claimed.

DATE	BOARD MEETING (including Special & Joint Board Meetings)	PRESENT	ABSENT	EXCUSED

DATE	OTHER MEETINGS (Reporting is Optional)	PRESENT

CHARGE TO ACCOUNT NO. 0100-50384

Total Fees: _____

The District Secretary has verified that the information on this form is correct, and that the above-named Director is entitled to the statutory fee set forth in Public Utilities Code Section 24908 and Board Resolution No. 10-053.

 District Secretary's Signature (Date)

 Director's Signature (Date)

 Chief Financial Officer's Signature (Date)

 General Manager's Signature (Date)