	Trustee	Per	Diem	Report	Form
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NAME: Irene Gibbons

MONTH: February 2024

281-400-558-000-21

DATE	FUNCTION ATTENDED		INDICATE \$ AMOUNT
Feb 23	Zone 2/3 meeting		\$150.00
		TOTAL:	\$150.00
		March (e, 2004	,
	March 6, 2024	11 (0) an (e) 2004	•
	Date	Date	