## Trustee Per Diem Report Form

NAME: Cindy Briggs

MONTH: June 2024

281-400-555-000-21

DATE	FUNCTION ATTENDED	INDICATE \$ AMOUNT
June 17,2024	CSAB Meeting	\$75.00
	TOTAL:	\$75.00
	Trustee Signature Board Chair	Signature
	July 2, 2024	24
	Date Date	