Trustee Per Diem Report Form

NAME: Cindy Briggs

MONTH: February 2024

281-400-555-000-21

DATE	FUNCTION ATTENDED	INDICATE $ AMOUNT
Feb. 12,2024	Community Services Advisory Board	**$75.00**
	TOTAL:	**$75.00**

[redacted]

Trustee Signature

March 5, 2024

Date

Board Chair Signature

Mar 5/24

Date