

Trustee Per Diem Report Form

NAME: Irene Gibbons

MONTH: May 2024

281-400-558-000-21

DATE	FUNCTION ATTENDED	INDICATE \$ AMOUNT
May 24	Zone 2/3 meeting	\$150.00
TOTAL:		\$150.00



June 4, 2024

Date

June 5, 2024

Date