

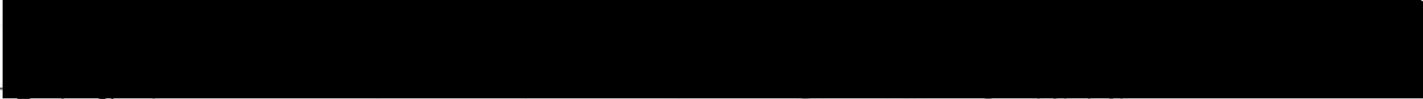
### Trustee Per Diem Report Form

**NAME:** Stacey Buga

**MONTH:** May 2024

281-400-559-000-21

DATE	FUNCTION ATTENDED	INDICATE \$ AMOUNT
05-30-2024	PSBAA SGM	\$150.00
05-31-2024	PSBAA SGM	\$150.00
<b>TOTAL:</b>		<b>\$300.00</b>



Trustee Signature

Board Chair Signature

June 4, 2024

Date

*June 5/24*

Date