

Pokégnek Bodéwadmik · Pokagon Band of Potawatomi

Meeting Stipend Form



NAME: _____

LOCATION: _____

DATE: _____ TIME (start/end): _____ / _____

Title	Name	Signature	Mileage	Miles
Chair			Y/N	
Vice Chair			Y/N	
Treasurer			Y/N	
Secretary			Y/N	
Member			Y/N	
Member			Y/N	
Member			Y/N	
Member			Y/N	
Member			Y/N	

By signing below, I verify that the attendees listed above did attend the meeting listed above meeting at the date, location and for duration as described above.

Name (Printed)

DATE

Signature