

**STOCKBRIDGE-MUNSEE COMMUNITY
BOARD AND COMMITTEE
STIPEND FORM**

MEETING DATE: _____

TIME IN: _____ TIME OUT: _____

Name of Board/Committee: _____

(Current) BOARD MEMBER	Initials	Time sign in	BOARD POSITION	Regular MTG.	Special MTG.	Payment AMOUNT
			Chairman			
			Vice-Chairman			
			Secretary			
			Board Member			
			Board Member			
			Board Member			
			Board Member			
ACCOUNT #: 100 - 00 - 51100 - 6500 - 9 - 00					TOTAL	

CHAIR SIGNATURE: _____ DATE: _____

TRIBAL TREASURER SIGNATURE: _____ DATE: _____

MEMBERS NOT PRESENT: _____

** Stipend sheet sent to Payroll

** Approved minutes sent to Tribal Council and department head

***Employees can attend meetings held during work hours with supervisor approval using PTO or leave without pay if Stipend is claimed.