## **REQUEST FOR PAYMENT-PER DIEM**

(Regulatory Authority Proposition 71)

Date (06/06)

## PLEASE TYPE OR PRINT CLEARLY IN THE APPROPRIATE SECTIONS OF THIS FORM. FAILURE TO DO SO COULD DELAY THE PROCESSING OF THIS DOCUMENT.

Last Name:	First Name:	MI	Social Security		ity

Date E	Date Expense was Incurred:				Supporting Activity		
Month	Day	Year	Amount per Day		(i.e. meeting)		
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			
			\$	00			

I understand that as a member of the ICOC except, the chairperson, vice chairperson, and president, I shall receive payment in accordance with Proposition 71, and certify that the information above is accurate to the best of my knowledge.

Print Name of Authorizing Person:

Requestor's Signature:

Authorizing Signature: