



Forest County Potawatomi Community
P.O. Box 340 • Crandon, Wisconsin 54520

MEETING STIPEND REQUEST

*Must include the Account Number, Tribal ID # or Vendor #

DATE SUBMITTED: _____

COMMITTEE/BOARD _____ *

ACCOUNT #: _____ *

Meeting Date*	Time Begin*	Committee/Board Member Name*	Time Ended*	Stipend Amount	TRIBAL ID # Vendor ID #
	AM or PM		AM or PM	\$ -	
	AM or PM		AM or PM	\$ -	
	AM or PM		AM or PM	\$ -	
	AM or PM		AM or PM	\$ -	
	AM or PM		AM or PM	\$ -	
	AM or PM		AM or PM	\$ -	
				TOTAL	
				\$ -	STIPENDS

1. _____
 (Committee/Board Secretary Signature)*

2. _____ Committee/Board Chairperson Approval

3. _____ Minutes confirmed*

4. _____ Human Resource Verification *

5. _____ Executive Council Approval *

***These items MUST be complete in order to process for payment**