

**BELMONT CDD
SUPERVISOR PAY REQUEST**

Meeting Date: March 15, 2016

Name of Board Supervisor	Check if present	Check if paid
Grady Miars*	✓	✓
Kyle Thornton*	✓	✓
Ellen Johnson*	✓	✓
Michael Martin*	✓	✓
Clement Hill*		

* send to Cynthia to pay BOS

EXTENDED MEETING TIMECARD

Meeting Start Time:	10:30 am	
Meeting End Time:	10:55 am	
Total Meeting Time:	25 minutes	

Time Over (3) Hours:	N/A	
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Total at \$175 per Hour:	N/A	
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Bill Client for above?	N/A	yes
Accumulate for future billing?	N/A	yes

DM Signature: _____



Please forward the complete Time Card to Marcia Eannetta and cc: Susan Garcia if the meeting goes over 3 hours

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Name of Board Supervisor	Miles traveled	Travel Reimbursement	Pay this amount
* Grady Miars	298	\$ 132.61	(1/2 \$66.31)
* Ellen Johnson:	110	\$ 48.95	(1/2 \$24.48)
		\$ -	
		\$ -	
		\$ -	
		\$ -	

DM Signature: 

*** send to Cynthia to pay BOS**