

**STATE OF ALASKA
ATTENDANCE SHEET FOR MEMBERS OF BOARDS & COMMISSIONS**

Name: _____

Employee ID: _____

Board: _____

Department: _____

Financial Coding: _____

Meeting Date:	Purpose	Honorary / Stipend / Compensation Amount
Total Amount		

We certify that the information recorded above is true and correct.

Member Signature: _____

Board Staff Signature: _____