

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

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Board: \_\_\_\_\_

Department: \_\_\_\_\_

Financial Coding: \_\_\_\_\_

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

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

Member Signature: \_\_\_\_\_

Board Staff Signature: \_\_\_\_\_

Submit completed form to [Payroll Services section in Division of Finance](#).