



**CAMBRIA COMMUNITY SERVICES DISTRICT  
Directors' Payroll Compensation Form**

DIRECTOR NAME: \_\_\_\_\_

CALENDAR MONTH OF: \_\_\_\_\_

*(Please fill out one form for all meetings attended in one calendar month. Thank You)*

**DISTRICT BUSINESS MEETING DETAILS**

| Date                           | Purpose of Meeting | # Day(s) | \$ |
|--------------------------------|--------------------|----------|----|
|                                |                    |          |    |
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|                                |                    |          |    |
| <b>TOTAL DAYS AND DOLLARS:</b> |                    |          |    |

Board of Directors' Bylaws Revised 01/19/17 Reso 05-2017: Director Compensation not to exceed \$100/day or \$600/month. Include all meetings attended in a calendar month. Write "N/C" for all meetings after the \$600 cap has been reached. Timesheet will be included in the next regularly scheduled biweekly payroll after the end of the month.

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
General Manager Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed