

PRINT NAME

CHINO BASIN WATERMASTER

MONTHLY MEETING STIPEND CLAIM FORM

PLEASE COMPLETE AND RETURN THIS FORM TO WATERMASTER NO LATER THAN THE 7TH OF THE FOLLOWING MONTH. SEND THE COMPLETED FORM VIA FAX TO (909) 484-3890 OR VIA EMAIL TO ALEXANDRIA MOORE (BOARD CLERK) AT AMOORE@CBWM.ORG. YEAR: MONTH: **REGULAR MONTHLY MEETINGS ATTENDED:** APPROPRIATIVE POOL NON-AGRICULTURAL POOL AGRICULTURAL POOL **ADVISORY COMMITTEE** RECHARGE INVESTIGATIONS AND PROJECTS COMMITTEE WATERMASTER BOARD OTHER MEETING(S)/EVENT(S) ATTENDED: (MEETING) (DATE) (DATE) (MEETING) (MEETING) (DATE) (DATE) (MEETING) (DATE) (MEETING) I, THE UNDERSIGNED, CONFIRM MY ATTENDANCE AT THE ABOVE MEETING(S): SIGNATURE DATE