



Tygart's Valley Conservation District
Conservation District Supervisor Per Diem



This form is to be submitted to TVCD office staff monthly

Supervisor Name: _____ **Per Diem Month:** _____ **Year:** _____

Date Worked	Duty/Activity	Amount Due	Notes From Treasurer/Chairman
Grand Total Due			OFFICE USE ONLY

Conservation District Supervisor **Date**
I certify that the days worked were in connection with my official duties as a Conservation District Supervisor.

Conservation District Treasurer or Chairman **Date**
I certify that payment of this per diem is in compliance with WV Code 19-21A & the policies set forth by the WVCA & TVCD.

Sent to Payroll	Added to Reports	Date Paid: _____
		Amount Paid: _____
		Check #: _____