Georgetown Township
Meeting Record

Board, Committee_____Name_____

Date Submitted_____ Period Covered: From_____ To_____

		Check One: Committee Meeting Time			Check One:	
Date	Description	12:00AM-Noon	Noon-6:00 PM	6:00PM-12:00AM	**Board**	**Planning**
Totals						

I certify that all of meetings included in this voucher were incurred in the discharge of authorized official business and that they represent proper charges against Georgetown Township.

_____ _____

Signature of Claimant