

COMMUNITY COMPENSATION VOUCHER FORM

To be completed in accordance with Douglas County Lived Experience Compensation Policy

To be completed by community member following participation in eligible activities included on Table 2 in the Lived Experience Compensation Policy.

ACTIVITY: _____ DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

EMAIL ADDRESS: _____

This section should be completed by Douglas County Administration Staff prior to submission for payment.

Type of compensation:

☐ Short term engagement (\$25 p/meeting) ☐ Serving on Board (\$50 p/meeting)

Approved by: _____

Department: _____

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Payment issued by: _____

Amount paid: _____

Date paid: _____

VOID AFTER 30 BUSINESS DAYS