St. Clair County Community Mental Health

Special Committee/Advisory Council Member Voucher

Date Submitted:				
Member Name:				
Dates Covered:	through			
Date	Committee	Per Diem		Total
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
	Totals	: \$	\$	
Member Signature	Print Nar	Print Name		Date
Approved by:				
Committee Chair Signature	Print Nar	me		Date

Note to Committee/Council Member:

Thank you for serving as a member of a designated committee or council. Your input is a very important element of the decision-making process regarding SCCCMH's services.

Per diems are paid by check in the next available payroll cycle. Please complete this form and return it to:

Kathleen Gallagher, Chief Clinical Officer
St. Clair County Community Mental Health
3111 Electric Avenue
Port Huron, MI 48060

If you have any questions, please call Kathleen Gallagher, Chief Clinical Officer, (810) 966-7857.

Finance Form: #07-0247 Revised Date: 10/11/2024 Policy Ref: #07-001-0006