



TENNESSEE STATE SOIL CONSERVATION COMMITTEE  
 Post Office Box 40627  
 Nashville, TN 37204

**Use This Form to Certify SCD Supervisor  
 Attendance at Board Meetings**

\_\_\_\_\_ County Soil Conservation District      Date of Meeting: \_\_\_\_\_

We the undersigned Soil Conservation District Supervisors, did work to promote and administer the soil conservation program in our district and are entitled to \$30.00 per diem, pursuant to Tennessee Code Annotated 43-14-217(b) for meeting as listed below, and as documented in the district minutes, for the date above.

State Fiscal Year \_\_\_\_\_

Supervisor Name		Signature	Per Diem Amount Requested
Name			
Address			
Name			
Address			
Name			
Address			
Name			
Address			
Name			
Address			
Name			
Address			
<b>Total Per Diem Reimbursement Request</b>			

I certify this record to be true and accurate to the best of my knowledge.

Approved: \_\_\_\_\_  
 Soil Conservation District Chairman

Accepted: \_\_\_\_\_  
 SSCC Executive Secretary

