



Community Oversight Committee Stipend Request Form

Member Name: _____

Address: _____

Phone: _____

Last Four Digits of Social Security #: _____

In June 2024, the TAM Board of Commissioners adopted a policy to offer an optional stipend to COC members/alternates of \$50.00 per meeting for their full attendance of each COC meeting. In addition, members may receive reimbursement for the cost of transportation to attend the meetings in person. To request payment(s), each member may submit this form to the Finance Department. Payments will be processed once a month.

This compensation is provided within the stipulations of the Internal Revenue Code and is the sole compensation TAM provides to Committee members for TAM business. While every effort is made to comply with the Internal Revenue Code and minimize tax implications for members, it is the member's responsibility to confirm their own tax situation.

By signing below, I agree to:

1. Bear all costs associated with attending Committee meetings.
2. Follow all agency policies, including the policies for prevention and reporting of safety concerns and prohibited harassment.

Meeting Date(s): _____

Stipend Amount Requested: \$ _____ (# of meetings x \$50.00)

Transportation Reimbursement Requested*: \$ _____

Specify Transportation Cost: _____
(e.g., mileage, transit, etc.)

Total Amount Requested: \$ _____

Member Signature

Executive Director Signature

Date: _____

Date: _____

NOTE: Stipend Requests are paid on the second payday of the month for all completed requests submitted prior to the 15th day of that month. The TAM Board can modify or revoke this benefit at any time. *Additional supporting documentation may be required.