BOARD MEMBER

SEG SELF-INSURER WORKERS' COMPENSATION FUND

NAME: **GENE PIERCE**
DATE: **6/2/2021**

DATE:	DESCRIPTION:	REIMBURSE:
6/2/2021	Trustee Fee	$ 350.00
6/2/2021	Mileage Reimbursement	$ 123.20
	Total Amount:	**$ 473.20**

SIGNED: _____

APPROVED: _____

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