

THE STATE OF ALABAMA
IN ACCOUNT WITH

_____ MEMBER OF EQUALIZATION BOARD

_____ ADDRESS _____

_____ COUNTY, ALABAMA

Compensation as provided in Title 40, §40-3-7 of the **Code of Alabama 1975**.

REPORT FOR THE MONTH OF _____ 20____

DAYS ON WHICH BOARD WAS IN SESSION _____, _____, _____, _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____,

TOTAL NO. OF DAYS _____

RATE PER DAY \$ _____ (If on per diem) RATE PER MONTH \$ _____ (If paid by month)

AMOUNT DUE FROM COUNTY OF _____ \$ _____

AMOUNT DUE FROM CITY OF _____ \$ _____

AMOUNT DUE FROM THE STATE OF ALABAMA \$ _____

TOTAL COMPENSATION DUE (State, County and City) \$ _____

I certify that I served as a member of the Board of Equalization during the period and on the days indicated above and performed faithfully and to the best of my ability my duties as a member of said board

I further certify that the above account against the State of Alabama is true, correct and unpaid.

_____ MEMBER BOARD OF EQUALIZATION

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20____.

_____ NOTARY PUBLIC

APPROVED FOR PAYMENT, _____, STATE COMMISSIONER OF REVENUE

Forward all claims to the **Alabama Department of Revenue, Property Tax Division, P.O. Box 327210, Montgomery, AL 36132-7210** at the end of each month.

Each member is required to file an original claim form for the State, County and City.