



**LEGISLATIVE ASSISTANT
PER DIEM AUTHORIZATION
FOR THE 2024 SESSION**

Legislative Assistant Name: _____

Senator Name: _____

District: _____

Pay Period:

Number of Days Authorized:

January 10-13, 2024

January 14-20 2024

January 21-27, 2024

January 28-February 03, 2024

February 04-10, 2024

February 11-17, 2024

February 18-24, 2024

February 25-March 02, 2024

March 03-09, 2024

Legislative Assistant Signature: _____

Senator's Signature: _____

____ I certify that my Legislative Assistant, by virtue of employment by me for the legislative session, has established and is maintaining a temporary residence for the numbers of days claimed above and is eligible for the out-of town per diem rate.

____ I certify that my Legislative Assistant is eligible for the in-town per diem rate for the number of days claimed above.

Return to Senate Fiscal Office, no later than 10:00 AM on Friday.