

Palouse-Clearwater Environmental Institute
AmeriCorps Member Expense Reporting and Reimbursement Form

Name: _____ **Date:** _____

For time period from: _____ **to:** _____

Expense sheets should be handed in by the 1st or the 16th of the month with the appropriate receipts attached to ensure prompt payment. Forms must be submitted with 30 days of transaction.

Out of Pocket Expense (Attach receipt for each entry):

Date: _____ Amount: \$ _____ Store: _____

Explanation: _____

Was this expense approved? Yes _____ No _____ by whom?

Date: _____ Amount: \$ _____ Store: _____

Explanation: _____

Was this expense approved? Yes _____ No _____ by whom?

Date: _____ Amount: \$ _____ Store: _____

Explanation: _____

Was this expense approved? Yes _____ No _____ by whom?

Date: _____ Amount: \$ _____ Store: _____

Explanation: _____

Was this expense approved? Yes _____ No _____ by whom?

Initials: _____ **Total Amount Owed: \$** _____

Mail to:
Palouse-Clearwater Environmental Institute
Attn: AmeriCorps placement
PO Box 8596
Moscow, ID 83843
Call with questions: 208.882.1444

Total Amount Paid: \$ _____

Date Paid: ____/____/____

Check Number: _____