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

Name:			Date	)• 
For time period from:				
Expense sheets should be handed in ensure prompt paymo			nth with the appropriate with 30 days of transacti	
Out of Pocket Expense (	_			
Date: Amount:				
Explanation:				
Was this expense a	pproved? Yes	No	by whom?	
Date: Amount:	\$Store	e:		
Explanation:				
Was this expense a	ipproved? Yes	No	by whom?	
Date: Amount:	\$Store	e:		
Explanation:				
Was this expense a	pproved? Yes	No	by whom?	
Date: Amount:	\$Store	e:		
Explanation:				
Was this expense a	approved? Yes	No	by whom?	
	T. 30	. 1	Total Amount	O 1. C
	Initi	ials:	1 otal Amount	Owed: \$
Mail to: Palouse-Clearwater Environmental Institute Attn: AmeriCorps placement PO Box 8596			Total Amount Paid: \$	
Moscow, ID 83843				
Call with questions: 208.882.1444			Check Numb	er: