# Community Compensation Member Invoice Form

Please fill out and sign this form to record your time spent working and amount of compensation or a reimbursement request for expenses like childcare, eldercare, transportation or lodging. for your workgroup. Please round your time worked down to 15 minute increments. If requesting reimbursement, you must also submit a receipt/invoice.

Member Name:

Workgroup Name:

Statewide Vendor Number:

Address:

Email:

Phone:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **WORK / MEETING DESCRIPTION** | **TIME** | **HOURLY RATE** | **COMPENSATION AMOUNT** | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
| **TOTAL DUE:** | | | |  |

|  |  |  |
| --- | --- | --- |
| **DATE** | **REIMBURSIBLE EXPENSE DESCRIPTION** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL DUE:** | |  |

Make all checks payable to:

Same address as above

Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name Today’s Date