# 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:

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

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

Make all checks payable to:

[ ] Same address as above

[ ] Other:

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Your Name Today’s Date