

# 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:

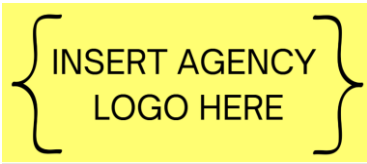
Statewide Vendor Number:

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