

**PCEI AmeriCorps Member
GAS REIMBURSEMENT VOUCHER**

Member Name: _____

Date(s) of trip: _____

From: _____ To: _____

Reason for trip: _____

Fill your gas tank before you leave on the trip, then fill it again when you return home. The amount of gas you use between the two fill-ups will be the amount for which you are reimbursed. **You must attach gasoline receipts.**

Price per gallon at fill up: _____

Starting point fill up cost: _____

Price per gallon at fill up: _____

Intermediate fill up (if necessary): _____

Final fill up cost: _____

Amount to be reimbursed for **fuel** _____

Other travel expenses (i.e., ferry fare, bridge toll): _____

You must attach all receipts.

Total amount to be reimbursed: \$

Member signature: _____

Date _____

Coordinator signature: _____

Date _____

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: _____