



AmeriCorps
West Virginia



LifeBridge AmeriCorps Expense Report

Member's must sign the bottom of this report before submitting for reimbursement

Member Name: _____

Member Site/Location: _____
Name and location of your service site - i.e., United Way, Charleston, WV

Date of Expense	Purpose of Expense (if travel, enter to and from locations and count round trip.) Must have receipts for gas, tolls, etc.	Miles	Tolls	Other	Total
EXAMPLE					
5/1/23	LifeBridge AmeriCorps Training - from 1 United Way, Charleston, WV to 100 Hodges Rd, Charleston, WV & Return	10			This is the number of miles times \$.65
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Mileage = Number of miles x \$ 0.65		0	\$ -	\$ -	
PLEASE ATTACH ALL RECEIPTS		Total Expenses: \$ -			
I certify the accuracy of the information on this report: _____		LifeBridge Staff Approval			
		_____ Staff Signature			
Member Signature		Account: (C.2) 0400-5574-			