



ESP Member Organizer Voucher

Name of Member Organizer:

First & Last Name

Local Association:

No Abbreviations

Site(s) Where Member Organizer Conducted ESP Organizing During This Claim Period:

Number of 1:1 Conversations:

Documented with Data Card

Number of New Members Recruited This Week:

Current Year Contracts & Early Enrollment

Week Starting Date:

List the Monday Date - One Week per Voucher

Claim for ESP Member Organizer Grant Funds- 750

Number of Hours Worked:

To the nearest 1/4 hour

\$

-

Mileage Claim:

Number of Miles Traveled

\$

-

Expenses Claim:

*Total Value of Receipts **

\$

-

Voucher Value:

\$

-

Submit this completed voucher and any related receipts as PDF attachments to aturner@wyoea.org

**All group meals must have all participants' names listed with receipt.*

Internal Use Only Below This Line

Grants Coordinator/Organizer Signature

Date Processed: _____