



New Ed Member Organizer Voucher

Name of Member Organizer: <i>First & Last Name</i>	
Local Association: <i>No Abbreviations</i>	
Site(s) Where Member Organizer Conducted New Ed Campaign During This Claim Period:	
Number of Initial 1:1 Conversations: <i>Documented with Data Card</i>	
Number of Follow-Up Conversations: <i>Documented with Online Form</i>	
Number of New Members Recruited This Week: <i>Current Year Contracts & Early Enrollment</i>	
Week Starting Date: <i>List the Monday Date - One Week per Voucher</i>	

Claim for New Ed Grant Funds - 749

Number of Hours Worked: <i>To the nearest 1/4 hour</i>		\$ -
Mileage Claim: <i>Number of Miles Traveled</i>		\$ -
Expenses Claim: <i>Total Value of Receipts *</i>		\$ -
Voucher Value:		\$ -

Submit this completed voucher and any related receipts as PDF attachments to Elise Robillard, WEA Grants Coordinator at erobillard@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: _____