

PMSC/AMERICORPS CLEARANCE REIMBURSEMENT VOUCHER

Name: _____ Social Security Number: _____

Home Address: _____

City, State, Zip: _____

- PA Criminal Clearance - \$10.00
- PA Child Abuse - \$10.00
- FBI - \$33.00

I have attached itemized receipts of money orders or on-line payment required for re-imbusement.

Member's Signature _____ Date _____

PMSC Program Manager _____ Date _____

Dr. Joseph Macharola, Executive Director _____ Date _____

Send To:
PMSC
119 Park Street
Ebensburg, PA 15931