

LEAGUE IMPACT FUND *REQUEST FORM*

LWV of: _____ Date: _____

Submitted by: _____
Name Title

Signature: _____

Telephone: _____ E-mail: _____

Reimbursement should be mailed to: _____
Name Title City, State, ZIP

Name of project: _____

Project Summary:

(Provide a summary of the project and attach promotional flyers, media coverage or other project materials.)

REQUEST OF EXPENSES TO BE PAID BY THE IMPACT FUND ★ *Please attach invoices!*

LWVUS or LWVC PMP	\$
My League Online (MyLO)	
Purchase of Voter Service materials (bookmarks, EVGs, etc.)	
Donations to LWVCEF for a project (Vote411)	
VOTER or other newsletters	
Administrative or office expenses (rent, utilities, phone, etc.)	
Other	\$
Total Expenses	\$

Please mail or email to LWVCEF, 500 Capitol Mall, Suite 2350 #5001, Sacramento, CA 95814 ★ lwvc@lwvc.org
Keep a copy for your records.