

# LEAGUE IMPACT FUND REIMBURSEMENT 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.)

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**EXPENSES TO BE REIMBURSED** ★ *Please attach receipts!*

Fees	\$
Supplies	
Printing/Copying	
Distribution/Postage	
Promotion	
Administrative or office expenses (rent, utilities, phone, etc.)	
Other Sources	\$
<b>Total Expenses</b>	<b>\$</b>

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