

LEAGUE OF WOMEN VOTERS
Expense Voucher

Name: _____

League Position: _____

Phone #: _____ Email: _____

EXPENSES:

Date	Description	Event or Expense Category	Amount

TOTAL EXPENSES \$ _____

In lieu of reimbursement, I wish to donate this amount to LWV. \$ _____

Reimbursement Requested (Total expenses minus donation): \$ _____

Attach receipts, invoices, or bills.

Signed: _____ Date: _____

Approved: _____ Date: _____
(Board Member or Committee Chair)

Submit to Treasurer for reimbursement.

For internal use only:

Paid by check # _____ Date: _____