**LEAGUE OF WOMEN VOTERS**  
Expense Voucher

Name: ___________________________________________________________________________

League Position: __________________________________________________________________

Phone #: __________________________ Email: _________________________________________

**EXPENSES:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Event or Expense Category</th>
<th>Amount</th>
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</table>

**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.

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*For internal use only:*

Paid by check # __________ Date: __________________________