



# LEAGUE OF WOMEN VOTERS SOLANO COUNTY

PO Box 83/Benicia, CA 94510

## Reimbursement Request

Please attach **original** receipt with items for reimbursement circled.  
Receipt must have date of purchase and the name of the vendor.  
Mail completed form and receipts within 30 days to above address or to:  
Charlene Hummel/131 Cherokee Court/Vacaville, CA 95688

Date: \_\_\_\_\_

### Your information

Name and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Expense details

Purchase date	Vendor	Items purchased	Amount	Budget line to be charged

Committee/Event: \_\_\_\_\_

Committee/Event chair signature: \_\_\_\_\_