

## MAL/MAS UNIT PROJECT REIMBURSEMENT (GF3)

LWV of: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Name Title

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name of project: \_\_\_\_\_

Date of project approval by LWVC: \_\_\_\_\_

**Project Summary:**

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

**ACTUAL FINANCIALS FOR COMPLETED PROJECT ★ Please attach receipts!**

**Revenue**

From MAL/MAS Unit Fund <i>(Amount to be reimbursed)</i>	\$
Other Sources	\$
<b>Total Revenue</b>	<b>\$</b>

**Expenses**

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

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

DO NOT WRITE BELOW THIS LINE ★ FOR LWVC USE ONLY

Reimbursed by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_