



LEAGUE IMPACT FUND PAYMENT REQUEST FORM

For payments to be made by LWVCEF, on behalf of a Local League, to be paid directly from the Local League's Impact Fund

LWV of: _____ Date: _____

Submitted by (name, title): _____

Telephone: _____ E-mail: _____

Payment should be mailed to: _____
Organization Name

Street Address

City, State, Zip

REQUEST OF EXPENSES TO BE PAID BY THE IMPACT FUND ★ *Please attach receipts!*

LWVUS PMP (up to 50% of invoice total)	\$
LWVC PMP (up to 25% of invoice total)	\$
My League Online (MyLO)	\$
Purchase of Voter Service materials (bookmarks, EVGs, etc.)	\$
Donations to LWVCEF for a project (Vote411)	\$
Operational expenses (rent, utilities, phone, etc.)	\$
Other:	\$
Total Expenses	\$

Signature: _____

Please email this form and invoices to: accounting@lwvc.org