



LEAGUE IMPACT FUND REIMBURSEMENT FORM

LWV of: _____ Date: _____

Submitted by: _____
Name Title

Telephone: _____ E-mail: _____

Reimbursement should be mailed to: _____
Name

Street Address

City, State, Zip

or Bill.com PNI for ACH (optional): _____

Name of project: _____

Project Summary: *(A summary of the project and attach promotional flyers, media coverage or other project materials)*

EXPENSES TO BE REIMBURSED ★ *Please attach receipts!*

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

Signature: _____

Please email this form and any applicable receipts to: accounting@lwvc.org