

League of Women Voters of Milwaukee County Expense Voucher

PLEASE ATTACH RECEIPTS AND BILLS TO THIS FORM.

Your Name _____ Date _____

Address _____

Phone Number: (Work) _____ (Home) _____

E-mail: _____

This receipt/bill is for _____
[Describe generally the events/purposes for expenses itemized below; identify budget line item # below]

Reimbursed Expenses

Item	&	Budget Account # for Activity/Event	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
Total:			_____

Contributions: (If you wish to contribute your expenses, please fill out this section)

Item	&	Budget Account # for Activity/Event	Amount
1.	_____	_____	_____
2.	_____	_____	_____
Total:			_____

Questions and your submission should be directed to the Treasurer. Mail this form and receipts to:

LWV of Milwaukee County
1845 N. Farwell Ave., Suite 102
Milwaukee, WI 53202
<http://lwvmilwaukee.org>

Please, keep a copy of your submission & receipts for your information.
file: LWV Expense Voucher