

Request for Reimbursement / Record of Donated Expenses
 League of Women Voters of Los Alamos
 P. O. Box 158
 Los Alamos, New Mexico 87544

Name _____

Address _____

Phone/email _____

<i>DATE OF EXPENSE</i>	<i>SHORT DESCRIPTION OF EXPENSE (INCLUDING EVENT IF ANY)</i>	<i>LINE ITEM*</i>	<i>AMOUNT</i>	<i>E=ED FUND I=IN KIND</i>

*Refer to current budget for line item number.

Total amount requested for reimbursement: _____

Total eligible for Ed Fund: _____

Total amount provided as in-kind donation: _____

Please attach receipt(s) and submit to the above address.

Treasurer's Record: Date Paid: _____ Check #: _____ Amount: _____