

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> |
|------------------------|--|-------------------|---------------|--------------------------------|
| | | | | |
| | | | | |
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*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: _____