

LWVGL REQUEST FOR REIMBURSEMENT FOR LEAGUE ACTIVITIES

Member Name (please print) _____

Mailing address _____

Phone number _____

Reason for expense _____

Itemize expenses (please attach all receipts)

Date	Type of Expense	Amount
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
TOTAL.....		_____

Signature Date

Comments or explanation if necessary:

Return completed form to: LWVGL Treasurer, P.O. Box 2085, West Lafayette, IN 47996