

REQUEST FOR REIMBURSEMENT
League of Women Voters of Collier County

Activity: _____

Date: _____

List Expense(s):

Amount: _____

Budget Category and/or Committee: _____

Was this expense pre-approved by the LWVCC Board? Yes ___ No ___

List Expense(s):

Amount: _____

Budget Category and/or Committee: _____

Was this expense pre-approved by the LWVCC Board? Yes ___ No ___

TOTAL: _____

Signature: _____

Make payment to (Print Name & Address): _____

Attach purchase slips/receipts.