

Expense Voucher

League of Women Voters of Portland

Ed or Reg Fund ?	Date	Items	Purpose (Committee or Budget)	Cost

Total _____

Check One Name _____

_____ I wish to be reimbursed Address _____

_____ I wish to make an in-kind contribution _____

Date _____ Your signature _____

Please attach receipts, if available and mail to LWVPDX, 310 SW 4th Avenue, Suite 520, Portland, OR 97204-2310 or email this form to info@lwvpdx.org with a scan of the receipts.