

Expense Voucher

League of Women Voters of Portland

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

Total _____

Check One

Name _____

Address _____

_____ I wish to be reimbursed

_____ I wish to make an in-kind contribution

Date _____

Your signature _____

**Please attach receipts, if available and mail to LWVPDX, 618 NW GLISAN, STE 303
PORTLAND, OR 97209-4739 or email this form to info@lwvpdx.org with a scan of the receipts.**