

# 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, PO Box 3491, PORTLAND, OR 97208-3491 or email this form to [info@lwvpx.org](mailto:info@lwvpx.org) with a scan of the receipts.**