

EXPENSE VOUCHER LWVHC

DATE OF REQUEST _____ TOTAL AMOUNT \$_____

REQUESTED BY: _____ Contact info email or phone _____

MAKE CHECK PAYABLE TO ME _____ I wish to make an In-Kind Contribution _____

OR TO OTHER PAYEE: _____

MAILING ADDRESS:

DATE	TYPE OF EXPENSE (ex: Printing)	BUDGET LINE (ex: Voters Service)	AMOUNT	Receipt attached?

Signed _____

Approved by: _____ Check# _____ Date _____

Print this form, fill it out, and mail to
 LWV-HC
 P.O. Box 1163
 Flat Rock, NC 28731