

LEAGUE OF WOMEN VOTERS OF \_\_\_\_\_

EXPENSE VOUCHER/REQUEST FOR PAYMENT (rev 11/21)

**(DRAFT)**

Please make payment to: (Please Print) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For (Program, Activity, Account, etc.): \_\_\_\_\_

Date	Description of Expenditure – <b>Attach Receipt for Each Item Listed</b>	Amount

TOTAL AMOUNT OF PAYMENT REQUESTED \$ \_\_\_\_\_

Requested By: \_\_\_\_\_

Approved BY: \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_