

Request for Reimbursement / Record of Donated Expenses

(to accompany receipts for payments made by individuals)

Mail to:

Treasurer, League of Women Voters of New Mexico
2315 San Pedro Drive NE, Suite F-6
Albuquerque, New Mexico 87110

Name _____ Date _____

Address _____

Email _____ Phone _____

<i>DATE OF EXPENSE</i>	<i>DESCRIPTION OF EXPENSE (INCLUDING EVENT IF ANY)</i>	<i>LINE ITEM*</i>	<i>AMOUNT</i>	<i>E / I **</i>	<i>PRIOR APPROVAL</i>

*Refer to current budget for line item number.

**E = eligible for Ed Fund, I = in-kind donation, else leave blank

Total amount requested for reimbursement: _____

Total eligible for Ed Fund reimbursement: _____

Total provided as in-kind donation: _____

Please attach receipt(s) and submit to the above address.

Treasurer's Record: Date Paid: _____ Check #: _____ Amount: _____