LEAGUE OF WOMEN VOTERS®
OF STAMFORD

LWV STAMFORD EXPENSE REIMBURSEMENT FORM

In order to be reimbursed for expenses, you must provide original, detailed receipts for each item. You will not be reimbursed without a receipt.

Date Submitted _____
Issue Check to _____
Address _____
_____
Phone Number _____
Email _____

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Purpose of Expense _____
Date Incurred _____

Itemized list of expenditures (ATTACH ORIGINAL PAID RECEIPTS)

_____

_____

_____

_____

Total Expense(s): **$**_____

Less Donated Expense(s): **$**_____

Reimbursement Requested: **$**_____

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Approved by: _____ Date: _____
Check #: _____ Amount paid : $_____

Reimbursement Policy:
All expenses under $100 can be approved by the Treasurer.
All expenses over $100 must be approved by a majority of the Executive/Steering Committee.