LWVGP Non-Reimbursed Expense Voucher

Fiscal Year _____Through _____

Name _____

Date Submitted _____ Committee/Board Position _____

Date	Amount of Expense	What For
Ex. 7/7/09	*$1.40*	*Mileage – Committee Meeting*
Ex. 7/7/09	*2.50*	*Printing – Committee Meeting*

Please return to the Treasurer by July 15th for inclusion in the September Voter report.