

League of Women Voters Lake Michigan Region - Expense Voucher

Name: _____

Address: _____

Phone: _____

Board or Committee: _____

FOR OFFICE USE ONLY

Date: _____

Check #: _____

Check Amt: _____

Account	Date	Event/Activity/Purpose	Amount
Printing/Copies			
Mileage: to/from meeting, conference, etc. .14/mile			
Transportation: parking/tolls			
Delegate Registrations: state/US/wkshp/conf/JJ			
Meals: @ \$7 Breakfast, \$11 Lunch, \$18 Dinner			
Other: Event deposits, educational materials, etc.			

TOTAL _____

TOTAL REQUESTED _____

Submitted by: _____

Please Sign Above

Submitted by: _____

Please Print Name Above

Treasurer's Signature