

# League of Women Voters of Moore County Expense Reimbursement Form

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Name

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Address

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Preferred Contact Info i.e. Phone/Email

**\*\*\*All receipts MUST be attached for reimbursement\*\*\***

Date	Number of miles	Reason for travel	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Purchase of goods or services for LWVMC

Date	Reason for purchase	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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Comments

Print and complete form, attach all receipts and mail to:  
LWVMC  
PO Box 203  
West End, NC 27376  
Attn: Treasurer