



REIMBURSEMENT

League of Women Voters Moore County

Name (please print) _____

Address: _____

Email: _____

Phone: _____

All receipts MUST be attached for reimbursement

Purchase of goods or services for LWVMC

Date	Cost	Reason for purchase
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:	_____	

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