

**LEAGUE OF WOMEN VOTERS OF LEHIGH COUNTY  
EXPENSE VOUCHER**

**PAY TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Submit voucher to Treasurer for reimbursement or direct payment. Attach original receipts.  
See reverse side for expense codes.

BUDGET [Acct #]	DESCRIPTION [in detail]	AMOUNT

**Total Expenses:** \_\_\_\_\_

**Less Donated Expenses:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

**Treasurers Records:**

Date of Payment: \_\_\_\_\_

Check Number: \_\_\_\_\_

Submitted by \_\_\_\_\_

Date \_\_\_\_\_