

**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 _____