

## EXPENSE VOUCHER LWVHC

DATE OF REQUEST \_\_\_\_\_ TOTAL AMOUNT \$ \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ Contact info email or phone \_\_\_\_\_

MAKE CHECK PAYABLE TO ME \_\_\_\_\_ I wish to make an In-Kind Contribution \_\_\_\_\_

OR TO OTHER PAYEE: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

DATE	TYPE OF EXPENSE (ex: Printing)	BUDGET LINE (ex: Voters Service)	AMOUNT	Receipt attached?

Signed \_\_\_\_\_

Approved by: \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_

Print this form, fill it out, and mail to  
 LWV-HC  
 P.O. Box 2238  
 Hendersonville, NC 28793