

LWVHC Expense Voucher

Date of Request _____ Total Amount \$ _____

Requested by _____ Phone number _____

Make check payable to me _____ **or** I wish to make an in-kind contribution _____

Or send to another payee _____

Mailing address _____

Date	Expense Type (ex. Printing)	Budget Line (ex. Voter Services)	Amount	Receipt attached?

Signed _____

Complete form and mail to:
LWVHC
PO Box 1163, Flat Rock NC 28731
Or email to treasurer@lwwhcnc.org

Approved:

Paid via FCB bill pay (date) _____

Paid via check (date) _____