

## Request for Reimbursement / Record of Donated Expenses

(to accompany receipts for payments made by individuals)

### Mail to:

Treasurer, League of Women Voters of New Mexico  
2315 San Pedro Drive NE, Suite F-6  
Albuquerque, New Mexico 87110

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

<i>DATE OF EXPENSE</i>	<i>DESCRIPTION OF EXPENSE (INCLUDING EVENT IF ANY)</i>	<i>LINE ITEM*</i>	<i>AMOUNT</i>	<i>E / I **</i>	<i>PRIOR APPROVAL</i>

\*Refer to current budget for line item number.

\*\*E = eligible for Ed Fund, I = in-kind donation, else leave blank

Total amount requested for reimbursement: \_\_\_\_\_

Total eligible for Ed Fund reimbursement: \_\_\_\_\_

Total provided as in-kind donation: \_\_\_\_\_

**Please attach receipt(s) and submit to the above address.**

Treasurer's Record: Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Form version: 28 Jun 2011