



REIMBURSEMENT REQUEST

Mail to: LEAGUE OF WOMEN VOTERS OF TALLAHASSEE
P.O. Box 10216
Tallahassee, FL 32302-2216

From: _____ Phone: _____
(Print name as it should appear on check)

Address: _____

(Please attach receipts)

Budget Item	Description	Date	Amount
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Total \$ _____

Signed: _____

Date: _____

PAID Date: _____ Check No. _____