



LEAGUE OF WOMEN VOTERS®
O F F L O R I D A

Reimbursement Request

To: League of Women Voters of Florida (850) 224-2545/Fax: (850) 222-4485
 540 Beverly Court, Tallahassee, FL 32301 LWVExecutiveDirector@gmail.com

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

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Date: _____ **In-Kind Donation:** _____ YES _____ NO

Budget Item	Description	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: \$ _____

Please attach receipts.

NOTE: Half of hotel rates are covered. Mileage expenses are reimbursed at \$0.25 per mile.