League of Women Voters of Arlington

Request for reimbursement

NAME: _____ TODAY'S DATE: _____

ADDRESS _____ CITY/ZIP _____

EMAIL ADDRESS _____ ☐ HOME ☐ WORK

PHONE NUMBER _____ ☐ HOME ☐ WORK

PORTFOLIO _____

Please attach receipts if available

Date	Item(s)/Explanation	Notes	Category	Amount

TOTAL: $

Signature: _____

Approved: _____
(Committee chair)

Approved: _____
(President or Co-President)

Approved: _____
(Treasurer)

Date Paid: _____

Check No.: _____ Amount: $_____

Budget category _____ $ _____

Budget category _____ $ _____

Budget category _____ $ _____

Budget category _____ $ _____

Budget category _____ $ _____

Budget Categories

1. Administrative: P.O. Box Expense
2. Administrative: Postage
3. Administrative: Telephone
4. Board: President
5. Board: Supplies/Copies
6. Finance: Tee shirts
7. Finance: Fundraising
8. Membership: Membership Drive
9. Membership: Hospitality
10. Membership: Member Handbook
11. Membership: Supplies/Postage
12. Memorials/Recognitions: Memorials
13. Memorials/Recognitions: President's Gift
14. Miscellaneous
15. Program: Luncheon Expenses
16. Program: Meeting Space Rental
17. Program: Study/Education
18. Program: Supplies
19. Public Relations: Events/Booths
20. Public Relations: Publicity Costs
21. Public Relations: Website Mgmt.
22. Special Meetings: Annual Meeting
23. Special Meetings: Other Meetings
24. Special Meetings: Delegate Registration
25. PMP: National PMP
26. PMP: State PMP
27. Voter Services: Facts & Issues
28. Voter Service: Supplies
29. Voter Service: Voters Guides
30. Voter Service: Forum Facility
31. Voter Service: *VOTER* Postage
32. Voter Service: *VOTER* Printing