

LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY
REQUEST FOR REIMBURSEMENT

ACTIVITY _____ DATE _____

EXPENSE _____ AMOUNT _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL _____

BUDGET CATEGORY _____

PREVIOUSLY AUTHORIZED BY BOARD OF DIRECTORS YES _____ NO _____

MAKE PAYMENT TO (PLEASE PRINT) _____

ADDRESS _____

SIGN _____

RECEIVED _____