

LWV-Duluth Expense Form

Name: _____ Date: _____
 Address: _____ Zip: _____ Phone: _____

Attach receipts and mail to: Nancy Palmer, 444 Hartley Pl., Duluth, MN 55803

Please check the budget category that applies:

Budget Category:	Budget Category:
Annual Dinner	Membership Directory Printing
Book and Plant Sale	MN Convention/Council
Citizens in Action	National Convention
Cross Cult and Soc Equity	Natural Resources Committee
Education committee	President's Contingency Fund
EqualiTea	Program Planning
Fall Kick-Off	Pub Relations/Communications
Holiday Social	Supplies
International Relations	Trafficking
Legislative Roundtable	Voter Newsletter Labels
Local Study	Voter Newsletter Postage
Meeting Costs	Voter Printing and Folding
Membership Committee	Voter Service Committee
Membership Directory Mailing	Website
	Other (please Specify):

Description	Amount	Action	Funding Source
		<input type="checkbox"/> Reimburse me <input type="checkbox"/> Pay attached bill <input type="checkbox"/> Bill sent directly to Jim <input type="checkbox"/> Paid With Debit Card	<input type="checkbox"/> Operating Funds <input type="checkbox"/> Grant (Please specify)
		<input type="checkbox"/> Reimburse me <input type="checkbox"/> Pay attached bill <input type="checkbox"/> Bill sent directly to Jim <input type="checkbox"/> Paid With Debit Card	<input type="checkbox"/> Operating Funds <input type="checkbox"/> Grant (Please specify)
		<input type="checkbox"/> Reimburse me <input type="checkbox"/> Pay attached bill <input type="checkbox"/> Bill sent directly to Jim <input type="checkbox"/> Paid With Debit Card	<input type="checkbox"/> Operating Funds <input type="checkbox"/> Grant (Please specify)
Signature: _____			