

LWV - Wilmette Reimbursement Request Form

Please complete a separate form for each event or activity.

Provide form and all receipts to Treasurer, Peg Cartier.

You may snail mail, deliver or email (scanned form and receipts/invoices) to:

Peg Cartier: 4pcartier@gmail.com, 731 Washington, Wilmette, Illinois 60091

Date of Expense	Group /Budget Category	Explanation of Expense	Amount
Total: \$			

I, _____ **DO** ___ **DO NOT** ___ wish to be reimbursed for this expense.

(name)

Request Check Payable to:

Name: _____

Address: _____

Email Address: _____ **Phone:** _____

Signature: _____ **Date:** _____

Expense approval by appropriate chairperson:

For Treasurer Use Only:

Check No: _____ **Date of Reimbursement:** _____

Signature: _____