



League of Women Voters® of Illinois  
Expense Reimbursement Form

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address where you want  
your check to be mailed \_\_\_\_\_

Telephone number \_\_\_\_\_

Make check payable to \_\_\_\_\_

Expenses incurred (please use one line for each expense). Please attach receipts; receipts not needed for public transportation.	Description of Expense	Expense amount
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Travel is reimbursed at actual fare or 35 cents per mile, plus tolls and parking fees. Parking fees up to \$20 are reimbursed.

Submit to League of Women Voters® of Illinois, 332 S. Michigan Ave., Suite 634, Chicago IL 60604.