

**NORTH DAKOTA DISTRICT LWML EXPENSE  
VOUCHER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

ND District office or committee: \_\_\_\_\_

Date of meeting \_\_\_\_\_

Type of meeting \_\_\_\_\_

Mileage @ .25	
Meals	
Lodging	
Printing/copying	
Postage	
Phone/fax	
Supplies	

Total expenses: \_\_\_\_\_

I wish to donate to the ND LWML \_\_\_\_\_

Amount to be reimbursed by ND LWML \_\_\_\_\_

Please attach receipts where possible.

Signed \_\_\_\_\_