

**NORTH DAKOTA DISTRICT LWML
EXPENSE VOUCHER**

Name: _____

Address: _____

ND District Office or Committee: _____

Date of Meeting: _____

Type of Meeting: _____

Mileage @ \$.30	
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: \$ _____

Signed _____