



**In-Kind Contributions to LWVODC:
Travel Expenses**

Date of this report:	
Your name:	
Your address (line 1):	
Your address (line 2):	
Travel to:	
Purpose:	
Travel Dates:	
Transportation–	
Airfare	\$
Ground transportation (taxi, etc.):	\$
If using your car, number of miles:	miles
Mileage cost (no. miles x \$.535/mile)	\$
Lodging–	
Per night :	\$
Total lodging:	\$
Meals	\$
Registration	\$
Parking	\$
Total all charges	\$

Please submit form and backup to:
 Cynthia LaMaster
 LWVODC
 PO Box 3397
 Chapel Hill NC 27515-3397