



Request to Pay Business Invoice or Personal Reimbursement

Date of this request:	
Pay to (business name):	
<i>or</i>	
Reimburse (person's name):	
Person's address (line 1):	
Person's address (line 2):	
Email address	
Phone number	
Amount:	\$
Description of expense	
If applicable, event name and date:	
If grant-funded, name of grant:	
If grant-funded, purpose of expenditure:	
Submitted by:	
Approved by:	Do not fill in; treasurer will get approval of president or grant manager.

- If requesting to pay business, please attach invoice or other backup.
- If requesting to pay reimbursement to yourself, please attach receipt.
- Please submit form and backup to:
 Cynthia LaMaster
 LWVODC
 PO Box 3397
 Chapel Hill NC 27515-3397

Or email to: treasurerodc2@gmail.com