

Expense Report

Rev 2024

LEAGUE OF WOMEN VOTERS OF INDIANA
 1500 N. Delaware Street
 Indianapolis, IN 46202

Name _____

Address _____

Date: _____

Email _____

Signature: _____

ITEM DESCRIPTION	AMOUNT (\$)	DATE SPENT

Mileage:*	Rate per mile for 2024=	0.402		
EVENT/PURPOSE	MILES	AMOUNT (\$)	DATE	
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		

* Travel is at 60% of the IRS business rate (0.67).

TOTAL EXPENSES	\$0.00
<input type="checkbox"/> In lieu of reimbursement, I wish to donate this amount to LWVIN	\$0.00
Reimbursement requested (total expenses less donation)	\$0.00