

Request for Payment/Record of Payment

(to accompany unpaid invoices or to record payments from LWVNM account)

Mail to:

Treasurer, League of Women Voters of New Mexico
2403 San Mateo Blvd NE, Suite W-16C
Albuquerque, New Mexico 87110

Name _____

Address _____

Phone/email _____

DATE OF EXPENSE	DESCRIPTION OF EXPENSE (INCLUDING EVENT IF ANY)	LINE ITEM*	AMOUNT	E / I **	PRIOR APPROVAL

*Refer to current budget for line item number.

**E = eligible for Ed Fund, I = in-kind donation from provider, else blank

Total amount paid or to be paid: _____

Total eligible for Ed Fund reimbursement: _____

Total provided as in-kind donation: _____

Please attach invoice(s) and submit to the above address.

Treasurer's Record: Date Paid: _____ Check #: _____ Amount: _____