

Expense Report

Rev 2024

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ITEM DESCRIPTION	AMOUNT (\$)	DATE SPENT

Mileage:*	Rate per mile for 2024=	0.402		
EVENT/PURPOSE		MILES		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