

# Expense Report

Rev 2020

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Signature: \_\_\_\_\_

ITEM DESCRIPTION	AMOUNT (\$)	DATE SPENT

<b>Mileage:*</b>	Rate per mile for 2020 =	0.345		
EVENT/PURPOSE	MILES	AMOUNT (\$)	DATE	
		0		
		0		
		0		
		0		
		0		
		0		
		0		

\* Travel is at 60% of the IRS business rate (57.5).

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