



Education Fund _____

Operating Expense _____

LWV-TLC Expense Report

(receipts to be attached)

Committee/Event: _____ Date: _____

Name/Chairman: _____

Item

Cost

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Check #: _____

Total: _____

Signature: _____



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