

LUTHERAN WOMEN'S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT
EXPENSE FORM

Date _____

Name _____ Position on Board _____

Address _____

City _____

Zip _____

Phone and/or e-mail _____

(Please attach receipts and/or include a detailed explanation on the back of this form.)

Board meeting miles _____ x .40 _____

Approved: _____

General miles _____ x .40 _____

LWML President

Telephone _____

Date Paid _____

Postage _____

Check # _____

Supplies _____

Other Expenses **(itemize on reverse side)** _____

LWML Treasurer

TOTAL \$ _____

(Oct 2016)