**EXPENDITURE REQUEST (using LCMG Cash, Check, or Debit/Credit Card)**

**Requested by**: **Date**:

**Purchased For** *(Project)***:**

**Description/Line Items**:

**Payable To (Name)**:

**Mailing Address**:

**City, State, Zip**:

**Is payee a corporation or LLC?** Yes No \_

**Invoice Number(s)**:

**Total Expenditure**: $ **Remember to attach all invoices!**

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**REIMBURSEMENT REQUEST (used your own personal cash, check, or debit/credit Card and want LCMG Funds to reimburse you)**

**Payable To (Name):**

**Reimbursement Amount**:

**I acknowledge receipt of reimbursement from Treasurer:**

**Signature**: **Date**:

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***For Treasurer Use Only****:*

|  |  |  |
| --- | --- | --- |
| **Method of Payment** *(cash, check, debit card, etc.)* | **Check # (if applicable)** | **Date Paid** |
|  |  |  |