

ADVANCE REPAYMENT VOUCHER

(Committee Name)

Advancer's Name: _____

Advancer's Address: _____

PURCHASE(S)

| | | | | | Committee Use Only |
|------------------------------|-----------------------|------------------|---|--------|-----------------------|
| Date | Vendor Name & Address | Item Description | Paid by: | Amount | Transaction ID |
| | | | <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card | | |
| | | | <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card | | |
| | | | <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card | | |
| Total Amount Advanced | | | | | |

REPAYMENT

| | | | Committee Use Only |
|----------------------------|------------------------|--------|-----------------------|
| Date | Committee Check Number | Amount | Transaction ID |
| | Check (# _____) | | |
| | Check (# _____) | | |
| Total Amount Repaid | | | |

Please attach all bills, receipts, invoices and a copy of committee's repayment check(s) (front and back) to the voucher for all transaction(s) made.

Candidate or Treasurer's Signature

Date