

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