



## Spring 2019 Election - Student Assembly Candidate Expense Report

Position Sought:
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Candidate Name:	NetID:
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Please summarize your campaign expenditures below and attach receipts or a comparison quote used to determine your expense estimate. This form is due to the Office of the Assemblies (109 Day Hall) by **3:00pm on Wednesday, March 27, 2019.**

If you selected the reimbursement option during registration, we will process your reimbursement based on the information provided on this form.

Expense Description	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL EXPENDITURES	\$

Certification: I attest by my signature below that the information I have provided is true and accurate to the best of my knowledge under penalty of disciplinary referral to the Judicial Administrator.

Signature of candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Address for mailing reimbursement (if applicable):

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