

# 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		
<b>Total Amount Advanced</b>					

## REPAYMENT

			Committee Use Only
Date	Committee Check Number	Amount	Transaction ID
	Check (# _____ )		
	Check (# _____ )		
<b>Total Amount Repaid</b>			

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