

ADVANCE/ADVANCE REPAYMENT VOUCHER

Use this form to document reimbursement for a purchase made with personal funds on behalf of the campaign.

(Committee Name)

Advancer's Name: _____

Advancer's Address: _____

PURCHASE(S)

Date (mm-dd-yyyy)	Vendor Name & Address	Item Description	Paid by:	Amount	Committee Use Only
					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

Date (mm-dd-yyyy)	Committee Check Number	Amount	Committee Use Only
			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 (mm-dd-yyyy)