Electoral Board Request for Expense Reimbursement

Month of: \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

 Name of Board Member: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | DESCRIPTION OF EXPENSE ITEM | REASON FOR EXPENSE | $ AMOUNT TO BE REIMBURSED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| $(Enter TOTAL) |

I hereby certify subject to Class 5 felony penalty for false statements under §24.2-1016 that the expenses listed above were incurred by me on official business as an Electoral Board Member of the County/City of ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and includes only such expenses as are true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Board Member