THE DEMOCRATIC PARTY OF VIRGINIA
REIMBURSEMENT REQUEST FORM

All Receipts or Copies Must Be Attached. No Receipt - No Reimbursement.

Date: / / 2007		
Name:		
Address:		
City: State: Zip:		

Amount of Check: $		Date Needed: **(ASAP IS NOT A DATE)** / /2007

Description of Expenditure:

Please TYPE in The Breakout of your Expenses Below

		These sections for PCFO's Only.		
Source of Expense	**Total**	**Fed or NF**	**Account**	**Class**
MILEAGE (attach log)				

TOTAL EXPENSES **0**

Department Approval: _____

PCFO Approval: _____

Political CFO's
4/14/2007
6:31 AM

Entered into QB: _____