THE DEMOCRATIC PARTY OF VIRGINIA
REIMBURSEMENT REQUEST FORM

PLEASE CHECK ACCOUNT:

DPVA FEDERAL **DPVA NON-FEDERAL** **WOMENS CAUCUS**

COORDINATED CAMP FEDERAL **COORDINATED CAMP NON-FEDERAL**

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

Date: / / 2009		
Name:		
Address:		
City: State: Zip:		

Amount of Check: $		Date Needed: **(ASAP IS NOT A DATE)** / /2009

Description of Expenditure:

Please TYPE in The Breakout of your Expenses Below

		These sections for Acctg. Only:		
Source of Expense	**Total**	**Fed or NF**	**Account**	**Class**
MILEAGE @ $0.445/mile (attach log)				
TOTAL EXPENSES	**0**			

Department Approval: _____

Accounting Approval: _____

8/17/2009
6:28 AM