



Fall 2016 Student Assembly Candidate Expense Report

Position Sought:

Candidate Name:	NetID:
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Please summarize your campaign expenditures below and **attach original receipts** for all expenses. This form is due to the Office of the Assemblies (109 Day Hall) by 5:00pm on Tuesday, September 27, 2016. All candidates must submit an expense report, even if they did not spend any money on the campaign. By not submitting an expense report, a candidate is risking disqualification. If you selected the \$20 reimbursement option during registration, we will process your reimbursement based on the information provided on this form.

Expense Description	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
TOTAL EXPENDITURES	\$

Certification I attest by my signature below that the information I have provided is true and accurate to the best of my knowledge under penalty of disciplinary referral to the Judicial Administrator.

Signature of candidate _____ Date _____