



Spring 2016 General SA Candidate Expense Report

Position Sought:

Candidate Name:	NetID:
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Please summarize your campaign expenditures below and **attach receipts** for all expenses. This form is due to the Office of the Assemblies (109 Day Hall) by 4:00pm on Tuesday, March 15, 2016. Candidates must submit an expense report if they spent any money on the campaign.

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	\$

Local Address: _____

Date Address Valid Until:
 ___/___/___

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. I understand that ineligible expenses will not be reimbursed.

Signature of candidate _____ **Date** _____