Washington County Democratic Central Committee
REQUEST FOR PAYMENT VOUCHER
(Attach invoices/receipts)

Name: _____ **Date:** _____

Mailing address :_____

Contact info: Phone # or e-mail address:_____

EXPENDITURES

Item	Date	Amount	Budget Category
	TOTAL		

_____
Indicate if payee other than yourself

_____ Position _____
Signature of person requesting payment Officer, Committee Chair, etc.

If you are a committee member, submit this to the committee chair for approval.
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PAYMENT APPROVAL

Signed: _____ _____
Officer Title

Date: _____
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PAYMENT RECORD

Date: _____ Amount: $_____ Check No. _____

_____
Treasurer

Instructions:

- This form is required for all expense reimbursements.
- Requests for reimbursement must be received by the treasurer within 21 days of purchase.
- All requests must include the original copy of the receipt.
- Requests are to be approved by the committee chair or an officer.
- Requests are to include budget category or event. If budget category is not known, provide explanation of expenditure – e.g. printing charges for Springfest flyers.