For Candidate's
Return of Election
Expenses

# Expense Claim

Mar 2017

Constituency of _____ Campaign Official _____

(A receipt, cancelled cheque or other acknowledgment of payment must be affixed when making claim for reimbursement of a particular expense.)

| Date of Purchase | Business Supplier or Vendor | Description of Item(s) | Amount Paid |
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| | | **Total $** | |

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Signature of Claimant