

Application for a Candidate to Pay a Disputed Claim

Constituency:		Candidate Name:		
Applicant Name: Electora			al Event:	
Applicant Phone Number	·			
			g to the Chief Electoral Officer for a to the claim or claims set out below:	
Vendor Name	Amount	Original Invoice Date (DD/MM/YYYY)	Category of Expense: (hire of premises, advertising, goods supplied, services, etc.)	
*Please submit a copy of the bill, c	laim, or charge as	an attachment		
Total Amount to be paid	\$			
	Ψ			
State the grounds and circumstances for the application:				
I certify that the above statement of account is correct.				
		count is correct.		
(Signature of Applicant)			(Date)	
OFFICE USE ONLY	The Election	Act 1006 I direct the car	didate's financial agent to pay the above	
As per section 258(3) of <i>The Election Act, 1996</i> , I direct the candidate's financial agent to pay the above mentioned disputed claim or claims within 15 days of the issue of this direction and to file with the Office of the				
Chief Electoral Officer all relevant documentation within 30 days of the payment of the claim.				
(Signature of Chief Electoral Officer)			(Date)	