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
		Total $	

_____

Signature of Claimant