



**ALAMEDA COUNTY REPUBLICAN PARTY  
EXPENSE REIMBURSEMENT REQUEST**

**PLEASE SUBMIT BY THE 5<sup>TH</sup> OF THE MONTH FOLLOWING THE EXPENSE**

Treasurer's Use: Check # \_\_\_\_\_

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

**PAY TO:** Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

**ATTACH ORIGINAL COPIES OF ALL RECEIPTS/BILLS**

Merchant's complete mailing address - If not on receipt (required for reporting) - Use one line per merchant	Description of expense	Amount	Treasurer's use only Category/Type

(Use additional sheets if necessary) TOTAL: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_