



Fall 2021 Election – Student Assembly Candidate Expense Report

Position Sought:

Candidate Name:	NetID:
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Please summarize your campaign expenditures below and attach receipts or a comparison quote used to determine your expense estimate. **If you do not have Direct Deposit or Accounts Payable ACH set up through Workday, please provide your home mailing address below.** This form is to be submitted **in person** to the Office of the Assemblies (109 Day Hal) by **4:00PM on Thursday, September 30, 2021**. All candidates must submit an expense report, even if they did not spend any money on their campaign. By not submitting an expense report, a candidate is risking disqualification. We will process your reimbursement based on the information provided on this form.

Expense Description	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL EXPENDITURES	

Certification: I attest by my signature below that the information I have provided is true and accurate to the best of my knowledge under penalty of disciplinary referral to the Office of Student Conduct and Community Standards.

Signature of candidate: _____ **Date:** _____

Address for mailing reimbursement (if applicable):
