THE DEMOCRATIC PARTY OF VIRGINIA
REIMBURSEMENT REQUEST FORM

All Receipts or Copies Must Be Attached. No Receipt - No Reimbursement.

Date: / / 2008		
Name:		
Address:		
City:	State:	Zip:

Amount of Check: $		Date Needed: **(ASAP IS NOT A DATE)** / /2008

Description of Expenditure:

Please TYPE in The Breakout of your Expenses Below

		These sections for PCFO's Only		
Source of Expense	**Total**	**Fed or NF**	**Account**	**Class**
MILEAGE @ $0.445/mile (attach log)				
TOTAL EXPENSES	0			

Department Approval: _____

PCFO Approval: _____

Political CFO's
4/14/2008
3:25 PM

Entered into QB: _____