

FAIRFAX COUNTY DEMOCRATIC COMMITTEE

PAYMENT/REIMBURSEMENT REQUEST FORM

A separate form should be provided for each expenditure, along with a bill (for a payment to the vendor) or a receipt (for a reimbursement). Every line on the form should be completed. The information requested is necessary for us to satisfy FEC reporting requirements. Submit completed forms with relevant documentation via email to TREASURER@FAIRFAXDEMOCRATS.ORG or by mail to the FCDC Treasurer's mailbox at 8500 Executive Park Ave, Suite 402, Fairfax, VA 22031.

INCOMPLETE OR UNAPPROVED PURCHASES ARE SUBJECT TO REQUEST FORM REJECTION.

REQUEST TYPE

PAYMENT **REIMBURSEMENT**

REQUESTOR INFORMATION

Required for all requests.

Name _____

Home Phone _____ Cell Phone _____

Email _____

PAYEE INFORMATION

Required for all requests.

Name _____

Address _____

City _____ State _____ Zip _____

ACCOUNTING

Required for all requests.

Payment Amount _____ **Charge Committee:** _____
Name of Committee or Caucus to be charged.

Description _____
e.g., paper goods, food and beverages, decorations, booth at fair, etc.

Purpose _____
e.g., name of event, mailing, campaign, candidate contribution, etc.

PURCHASE INFORMATION

For reimbursement requests only.

Vendor Name _____

Address _____

City _____ State _____ Zip _____

Date of Purchase _____ Amount Paid _____

FOR OFFICE USE ONLY

Date Received MM / DD / YYYY Received By _____ **Approved**