THE DEMOCRATIC PARTY OF DENVER

INVESTING IN THE FUTURE

CHECK REQUEST or EXPENSE REIMBURSEMENT FORM

Date:_____ Check Amount:_____

Purpose of Expense: _____

Make Check Payable to Name:_____

Address: _____

[_] CHECK REQUEST or [_] EXPENSE REIMBURSEMENT

Funds expended from: [_] DPoD Account or [_] (Sub)HD_____Account

Vendor	Address	City	ST	Zip	Description	Amount
					TOTAL:	

Approval:_____

INSTRUCTIONS FOR USE:

1. This form is required for all check requests and/or expense reimbursement requests.
2. Must be approved by Captain, Co-Captain or Finance Chair (for sub-district expenses); or by Treasurer or Party Chair (for County expenses).
3. Please complete this form in its entirety, and do not forget to attach receipt(s). (Scanned copies are okay if request is faxed)
4. Deliver form and receipts to Treasurer at 574 S. Broadway, Denver, CO 80209 or Email to treasurer@denverdemocrats.net or fax to 303-830-2486.