



OKLAHOMA LIBERTARIAN PARTY

### Expense Reimbursement Request

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

Submitted by Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized by:  Affiliate: \_\_\_\_\_

Committee: \_\_\_\_\_

Reason for Expense:  Signage  Literature  Tabling Fees

Other: \_\_\_\_\_

Mail Check to Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

#### Itemized Expenses

Date	Description	Cost
<b>TOTAL:</b>		

<b>Treasurer Use Only</b>		
Check Number: _____	Amount: _____	Date Issued: _____
Budget Category: _____		