**Candidate Reimbursement Form**

Please record your spending below and attach **all** receipts for expenditure. Claims must not exceed the budget given by the Deputy Returning Officer.

All claims must be approved by the Budget Controller.

**Nominal Code: 7225/32**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Item** | **Cost** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I confirm that the above spending record is true and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Print name:** |  | **Position stood for:** |  |
|  |  |  |  |
| **Signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| ADDRESS DETAILS | |
|  | |
| BANK DETAILS | |
| Bank or Building Society: |  |
| Account Name: |  |
| Sort Code: |  |
| Account no.: |  |

Please note that monies will be reimbursed by BACS transfer

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved: YES/NO** |  | **Amount:** |  |