

**ORANGE COUNTY DEMOCRATIC PARTY
REQUEST FOR REIMBURSEMENT**

REQUESTOR INFORMATION	
Name of Requestor:	Date of Request:
Total amount requested:	Was pre-approval obtained: Yes No
Vendor(s) and amount(s) (list all):	Receipt(s) attached: Yes No Requests will not be processed without receipts.
Purpose of Expenditure – if for a specific precinct(s), please note which one(s): 	
Signature of Requestor:	Address:
Email:	Phone:
FOR OCDP TREASURER USE	
Approved by OCDP Chair or 1 st Vice Chair: Yes No	
Date Paid:	Check #:
Signature of Treasurer:	

Send your request for reimbursement to:

Treasurer
OCDP
PO Box 3368
Chapel Hill NC 27515