

**LOS ANGELES COUNTY DEMOCRATIC PARTY
ENDORSEMENT RECOMMENDATION
REIMBURSEMENT REQUEST FORM**

Please submit this form, along with the receipts for all pertinent expenses listed below, to the Los Angeles County Democratic Office within three (3) weeks of the Endorsement Recommendation Meeting. Please list the expense items and arrange the corresponding receipts in chronological order. Note that the reimbursement request cannot be processed without receipts. Please send to:

Los Angeles County Democratic Party
c/o Political Department
3550 Wilshire Blvd. Suite 1203
Los Angeles, CA 90010
Fax: 213.382.1278 / Email: endorsements@lacdpc.org

Reimbursement Requester

Name: _____ Phone (Cell): _____ Phone (Home): _____ Phone (Work): _____

Email: _____

Address: _____ City: _____ ZIP: _____

Reimbursement Claims

Date (mm/dd/yy)	Item	Purpose	Amount
Total Expenses:			

I certify that all expenses incurred and reported above were for official business of the Los Angeles County Democratic Party.

Signature

Date