



## FCDC Payment/Reimbursement/Transfer Request Form 2016-2017

A separate form should be provided for each vendor, along with a bill (for a payment to the vendor) or a receipt (for a reimbursement). Every line on the form should be completed. The information requested is necessary for us to satisfy FEC reporting requirements. You will experience delays in receiving your payment if you do not use this form.

PAYMENT OR REIMBURSEMENT \_\_\_\_\_ TRANSFER \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Name of Payee (if different from Requestor): \_\_\_\_\_

Address of Payee: \_\_\_\_\_

Phone Number of Requestor: \_\_\_\_\_

Email Address of Requestor: \_\_\_\_\_

Vendor Name (if a reimbursement): \_\_\_\_\_

Vendor Mailing Address (if a reimbursement): \_\_\_\_\_

(Full mailing address, including zip code required even if the vendor is online)

Date of Purchase: \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

(e.g. paper goods, food and beverages, decorations, booth at fair ,etc.)

Purpose of Purchase: \_\_\_\_\_

(e.g. name of fundraiser, election mailing, volunteer party, party visibility, candidate contribution, etc.)

Amount of Purchase: \_\_\_\_\_

Charge District Committee: \_\_\_\_\_

(Name of District Committee to be charged)

Approved for Payment: \_\_\_\_\_ Date: \_\_\_\_\_

Submit This Form With Bill or Receipt to:

Nadja Golding, Treasurer  
Fairfax County Democratic Committee  
8500 Executive Park Ave, Suite 402  
Fairfax, VA 22031

703-573-6811 (FCDC) 703-532-3821 (Home) 703-212-8590 (Cell) 703-560-7004 (fax)  
Treasurer@fairfaxdemocrats.org