



UVSS elections expense allowance form

Please return this form to the Elections office, SUB B211 during office hours and by the time polls close. Electronic copies will not be accepted.

All expenses incurred during the course of campaigning **must** be declared on this form. A receipt is required for all external expenditures. Include receipts in an envelope and attach to this form. You must declare the fair market value of all donated items and they will be included in a candidate's spending limit. You must submit an expense form even if you do not spend any money (write \$0.00 for the totals).

1) Candidate information (only if you are a candidate for the UVSS Board of Directors)	
Candidate name:	
Cooperative name:	
Position Contested:	

2) Referendum side information (only if you are a referendum proponent or opponent)	
Candidate name:	
Referendum side:	

3) Internal expenditures (expenditures at ZAP copy using a candidates \$30 ZAP credit)			
Description	Place of purchase	Quantity	Total Cost
Printing- Posters	ZAP Copy		
Printing- Banners	ZAP Copy		
	ZAP Copy		
	ZAP Copy		
	ZAP Copy		
	ZAP Copy		
Total Internal Expenditures:			a)

4) External expenditures (expenditures paid by the candidate or slate)			
Description	Place of purchase	GST	Total Cost
Total External Expenditures (excluding GST)			
GST paid on External Expenditures:			
Total External Expenditures:			b)

5) Donated goods or materials			
Description	Donor name or organization	Quantity	Fair Market Value
Total Fair Market Value of donated goods or materials:			c)

6) Total Expenditures	
Total of a), b), and c)	

Reimbursement cheques will be made out to the candidate. An email will be sent to candidates letting them know when and where cheques will be available for pickup.

7) Candidate Declaration	
I hereby declare that to the best of my knowledge all information in this form is complete and accurate. I understand that financial non-compliance serves as grounds for immediate disqualification.	
Candidate Signature	
Date and Time of Submission	

(Section below to be completed by the UVSS elections office)

Received at _____ by _____
(Time of receipt) (Name of elections officer)