**NATIONAL ASSEMBLY ELECTIONS**

**Primary Round**

**Annual Outstanding Liabilities Report Form**

**Name of the Party: ………………………………………….**

**Address: …………………………………………….…………**

Details of pending bills for the period from…………………(date of last audit or in case of new Political Party it shall be the date of Formation of Party) to ……………………...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Bill / Cash Memo** | **Name and Address of the Claimant** | **Head of Expenses** | **Amount** |
|  |  |  |  |  |

1. Subtotal of Expenses (This Page) ………………………………………..
2. Total Expenses (B/F from the last page) ……………………………………….

I hereby certify that the information on this report is true, correct and complete to the best of my knowledge and belief.

**Treasurer/Candidate**

**Seal & Sign** **Date:**

**General Secretary**

**Seal & Sign**