**NATIONAL ASSEMBLY ELECTIONS**

**Primary Round**

**Weekly Campaign Expenses Return Form**

**Name of the Party/Representative: …………………………………………………………**

**Demkhong: …………………………………………………………………………**

**Dzongkhag: ………………………………………………………………………..**

Details of Campaign Expenses for the period from ………………to …………………………...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Date of payment** | **Bill / Ref No.** | **Name and Address of the Claimant** | **Head of Expenses** | **Amount** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Sub Total** |   |   |
| **Grand Total (on last page only)** |  |   |

**TOTAL EXPENSES FROM THE CAMPAIGN FUND: …………………………………**

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

**Representatives**

**Seal & Signature**

**Dated: ……………**

**Verified by**

**Seal and Signature of National Observer/Micro Observer**