



Campaign Expenses Return Form

Details of Campaign Expenses for the period from _____ to _____

Name of the Party/Candidate: _____

Address: _____

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.

Candidate/Treasurer of Party
Seal & Signature

Dated:

Note:
1. This form is required to be filled in by a political party or a candidate