

**North Oakland Democratic Club** *Please, print clearly.* **Expense Reimbursement Statement**

**Reimbursement Information**

Please describe the item/service donated and how it will be used.

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**NODC Disbursement Information (where to send the check)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) – (\_\_\_\_\_) – (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Twp: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

**Receipt Information (what the NODC is paying for)**

If the item/service was purchased on behalf of the NODC, please provide vendor information and provide receipt if requested.

Vendor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

If the item/service was purchased on behalf of the NODC, please provide vendor information and provide receipt if requested.

Vendor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

***Thank you!***

**North Oakland Democratic Club**

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