



NAME: _____

JULIE DOYON

DATE:

oct 18 / 2026

Address:

Purpose of Claim:

2026 SRD General Election

Quadr a

(a) (b) (c) (d)

TOTAL (a+b+c+d)

S 132

- NET CLAIM**

\$ 135

SIGNATURE OF PERSON MAKING CLAIM

DATE _____

Reviewed & Approved for Payment

Presiding Election Official

Chief Election Officer

Account No.

Vendor No.