**University of Iowa Student Government Elections**



**Campaign Cost Submission Form**

**Name: Email:**

**Phone:**

**Seat/Ticket:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Place of Purchase** | **Description of Item** | **Number of Items****Purchased** | **Cost** |
| Item 1 |  |  |  |  |
| Item 2 |  |  |  |  |
| Item 3 |  |  |  |  |
| Item 4 |  |  |  |  |
| Item 5 |  |  |  |  |
| Item 6 |  |  |  |  |
| Item 7 |  |  |  |  |
| Item 8 |  |  |  |  |
| Item 9 |  |  |  |  |
| Item 10 |  |  |  |  |

**Total Cost**

**Include a copy of ALL receipts for items purchased. Please return completed form and attachments to the CSIL Office (145 IMU) before 3:00 pm Friday, April 14, 2017.**