



Form CPF M R 1: Itemization of Reimbursements Municipal Form

Commonwealth of Massachusetts

City or Town Clerk, or Local Election Official

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by candidate or committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee or Candidate Name:

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text"/>
			Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
			Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text"/>

Signed under the penalties of perjury:

_____ Date:

Print Name Signature of Candidate or Treasurer

Please prepare a separate report for each reimbursement check issued by the candidate or committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Page 2 Total (add to Line 1 on Page 1):				