REGION ONE

REFERENDUM EXPENSE CLAIM

(submit approved copy to the Business Office)

PRINT

Registrar's Name: _____ **Date of Referendum:** _____

District: ☐ Canaan ☐ Cornwall ☐ Kent ☐ North Canaan ☐ Salisbury ☐ Sharon

Name of Poll Worker	Address	No. of Hours	Hourly Rate	Total Due

OTHER EXPENSE

Expense Description	Amount

APPROVALS: _____ _____ _____ _____

Signature, Registrar of Voters ***Date*** ***Signature, Business Manager*** ***Date***