

2022

FORM 1- Formal Request for Delegate/Alternate Convention Fee Reimbursement

Date Request Made _____

Name

Address

Telephone Number

Email Address

Reason for Request: (i.e. Hospitalization, Death or Death of Immediate Family member)

Signature of Delegate/Alternate _____

Date request Received _____

Date Request Approved _____

Date Refund Mailed _____

Check # _____

By: _____ Congressional District 7 Republican Party of Minnesota
Treasurer (Print Name)

Treasurer Signature _____

Date Report made to District Executive Board _____

Signature of District Chair _____

Date _____

CC: Secretary of Congressional District 7 Republican Party