

## Candidate's Budget Sheet

Please record your spending below and attach <u>all</u> receipts for expenditure. The maximum amount you can claim is as follows:

|   | Candidates Running for a Full Time Officer Position |
|---|---|
| Amount the Union will reimburse a candidate for | £20   |
| Additional spend allowed                        | £20   |
| Total Budget                                    | £40   |

You must detail <u>all</u> expenditure that you have spent out of your allowance.

## Set price items:

| Self-decorated t-shirts:   £2   Preowned costumes   £5 |
|--|
|--|

Items that all candidates could reasonably get for free e.g., cardboard boxes, glue, pens and pencils do not need to be included. Full guidance can be found in the Election Rules in the Candidate Information Hub.

If you are running in a slate, any promotional material used to promote both/all candidates e.g., a social media post advertising more than one candidate, the cost must be included against each candidate.

All claims must be approved by the Deputy Returning Officer.

Nominal Code: 7960-3

| Date | Item | Cost | Total |
|------|------|------|-------|
|      |      |      |       |
|      |      |      |       |
|      |      |      |       |
|      |      |      |       |
|      |      |      |       |
|      |      |      |       |
|      |      |      |       |





| Date        | Item                     |                               | Cost | Total |
|-------------|--------------------------|-------------------------------|------|-------|
|             |                          |                               |      |       |
|             |                          |                               |      |       |
|             |                          |                               |      |       |
|             |                          |                               |      |       |
|             |                          |                               |      |       |
|             |                          |                               |      |       |
| Please do   | ownload a second sheet i | if needed.                    |      |       |
| confirm     | that the above spending  | record is a true and accurate | •    |       |
| Print name: |                          | Position stood for:           |      |       |
| Signature   | ::                       | Date://                       | -    |       |
| Approved    | d: YES/NO                | Amount:                       |      |       |
| Signed (D   | DRO):                    |                               |      |       |
|             |                          |                               |      |       |
|             |                          | ADDRESS DETAILS               |      |       |
|             |                          |                               |      |       |
|             |                          |                               |      |       |
|             |                          | BANK DETAILS                  |      |       |
| Bank (      | or Building Society:     |                               |      |       |
| Δ           | Account Name:            |                               |      |       |
|             | Sort Code:               |                               |      |       |
|             | Account no.:             |                               |      |       |
|             |                          | 1                             |      |       |

Please note that monies will be reimbursed by BACS transfer following approval of your claim.

Please return form (with receipts) to the Welcome Desk by 17:30 on Thursday  $29^{th}$  February 2024.