



Expense Approval Request Form

Elections Division
P.O. Box 94125
Baton Rouge, LA 70804-9125
225-922-0900 (o)
225-922-0945 (f)

Date of Request: _____

Parish: _____

Office Name: _____

Address: _____
Street City State Zip Code

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Expense Request Details:

Estimated Cost: _____

Expense Request Justification:

Please feel free to attach additional information:

SOS OFFICE USE ONLY

Approved	Denied	_____ Reason
_____ Authorized Signature		_____ Date