**DPVA Non Federal** 

10258/10258 676908 (10/15)





**Details on Back** 

1

Secure Check



EXPENSE INFORMATION:	
Requested By: Brittne	Total Amount: \$_ <sup>1390</sup>
Date: 4/27/16 Purpose: Sta	ate Fair
VENDOR / PAYEE INFORMATION:	
VENDOR / PATEE INFORMATION:	
Name: LGBT Caucus	
Address: PO Box 25037	
City: Richmond	State: VA Zip: 23260
AUTHORIZATION:	
Bank: FEDERAL STAT	E Budget Line:
Chief Operating Officer:	
Chief Operating Officer:  Executive Director:	
Chairwoman:	
Expenditures must be authorized before the can funds can be committed.	

## **ATTACH ALL RECEIPTS**

All requests must be submitted with full documentation within 30 days to the Operations Department.