



INDEPENDENT NATIONAL ELECTORAL COMMISSION
SYSTEM OF REMITTANCE OF POLITICAL CAMPAIGN
EXPENDITURE STATEMENT

NAME: _____ SEX: _____
LAST NAME: _____ FIRST NAME: _____
MIDDLE NAME: _____
PHONE NO: _____

1. Name of the Candidate: _____
2. Name of the Party: _____
3. Name of the Constituency: _____
4. Name of the State: _____
5. Name of the District: _____
6. Name of the Local Government Area: _____
7. Name of the Ward: _____
8. Name of the Polling Station: _____
9. Name of the Polling Station Officer: _____
10. Name of the Polling Station Clerk: _____

Sl. No.	Particulars	Amount	Signature
1	Salaries	500	
2	Gratuities	200	
3	Medical Allowance	100	
4	House Allowance	100	
5	Transport Allowance	100	
6	Food Allowance	100	
7	Travel Allowance	100	
8	Communication Allowance	100	
9	Security Allowance	100	
10	Other Allowances	100	
11	Salaries	500	
12	Gratuities	200	
13	Medical Allowance	100	
14	House Allowance	100	
15	Transport Allowance	100	
16	Food Allowance	100	
17	Travel Allowance	100	
18	Communication Allowance	100	
19	Security Allowance	100	
20	Other Allowances	100	
21	Salaries	500	
22	Gratuities	200	
23	Medical Allowance	100	
24	House Allowance	100	
25	Transport Allowance	100	
26	Food Allowance	100	
27	Travel Allowance	100	
28	Communication Allowance	100	
29	Security Allowance	100	
30	Other Allowances	100	

TOTAL: 211 TWO HUNDRED AND ELEVEN

2. NAME OF THE CANDIDATE: _____
3. NAME OF THE PARTY: _____
4. NAME OF THE CONSTITUENCY: _____
5. NAME OF THE STATE: _____
6. NAME OF THE DISTRICT: _____
7. NAME OF THE LOCAL GOVERNMENT AREA: _____
8. NAME OF THE WARD: _____
9. NAME OF THE POLLING STATION: _____
10. NAME OF THE POLLING STATION OFFICER: _____
11. NAME OF THE POLLING STATION CLERK: _____

25/06/2015