



## Form CPF T 1 : Itemization of Travel Expenditures

### Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
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Please print or type all information, except signatures.

Please itemize any travel payments by detailing the name of the person traveling, their relationship to the committee as well as the date, payee, address, purpose/destination, and amount for each travel expenditure.

Committee Name: \_\_\_\_\_ CPF ID #: \_\_\_\_\_

Name of Traveler(s): \_\_\_\_\_

Relationship to Committee: \_\_\_\_\_

Report Dates for this form: \_\_\_\_\_ Through: \_\_\_\_\_

Dates of Travel	Vendor Name and Address	Purpose of Travel	Destination	Amount	
<b>TOTAL TRAVEL EXPENSE</b>					

\_\_\_\_\_  
Signature of Candidate/Treasurer

\_\_\_\_\_  
Date