State of Iowa
Absentee Bi-Partisan Delivery Team
Ballot Record and Receipt

County: _____ Election Name and Date: _____

Name of Health Care Facility: _____

Name of Democratic Delivery Team Official: _____

Name of Republican Delivery Team Official: _____

Ballots Issued to Delivery Team

Ballot Style	# of Voters Receiving this Style	# of Extra Ballots Provided of this Style	Total # Ballots of this Style Issued to Team
		Total # of All Ballots Issued	*

Delivery Team Certification

We certify we received the number of ballots and the ballot styles indicated on this form from the county auditor on the date and time indicated below.

Date: _____/_____/_____ Time: ____:_____ a.m/p.m.

Signatures:

X _____ X _____

Democratic Official Republican Official

Ballots Returned to Auditor by Delivery Team

Ballot Style	# Voted of this Style	# Spoiled of this Style	# Not Voted of this Style	Total # Returned of this Style
Totals:				*

Received by: Date: _____/_____/_____ Time: ____:_____ a.m/p.m.

_____ X _____

Print Name of Auditor or Auditor's Designee Signature of Auditor or Auditor's Designee

Numbers in fields with an asterisk (*) must match.

Prepared by the Iowa Secretary of State's Office *Revised 6/09*

State of Iowa
Absentee Bi-Partisan Delivery Team Log

Auditor: Fill in the information in the shaded columns before the team is dispatched to the health care facility.

Delivery Team: Fill out the information in the blank columns for each voter. If voters who are not on the list request a ballot from you, be sure to call the auditor's office to confirm registration details before allowing the person to vote.

Voter's name	Ballot sequence #	Ballot style	Registration address/room #	Voter present? **Y/N**	Voter requested assistance & completed oath form? **Y/N**	If assisted, by whom? **Team/Other**	Time ballot was returned to team	Comments