DIX HILLS FIRE DEPARTMENT RESCUE SQUAD

Expense/ Reimbursement Request

PLEASE PRINT

NAME: _____ **BADGE#**_____

ATTACH ALL BILLS/ INVOICES ***MUST BE ORIGINALS***

MEAL OR FOOD REIMBURSEMENTS/BILLS not monthly meeting **(> 35 ATTENDEES ATTACH ATTENDANCE SHEET.)**

Circle One: Reimbursement Invoice/Bill

ITEM /EVENT	DATE	DESCRIPTION	*AUTHORIZATION*	TOTAL
1				
2				
3				
			TOTAL	

SIGNATURE OF REQUESTOR:_____

DATE: _____

PAYMENT INFORMATION

***BUSINESS*: NAME:**_____**ADDRESS:**_____

CITY:_____ **STATE:**_____**ZIP:**_____ **PHONE: if avail.**_____

***INDIVIDUAL*: NAME:**_____**ADDRESS:**_____

CITY:_____ **STATE:**_____**ZIP:**_____ **PHONE: if avail.**_____

TREASURER ONLY

CHECK # _____ **AMT:**_____ **DATE ISSUED:** ___/___/____ **SIGNATURE:**_____

COMMENTS: _____

Sept.09md