

**SANTA BARBARA COUNTY FIREFIGHTERS BENEVOLENT FOUNDATION**

**BENEVOLENT FOUNDATION CREDIT CARD  
EXPENSE RECORD**

POST OFFICE BOX 66 18  
SANTA BARBARA,  
CALIFORNIA  
93160



**NAME ON BENEVOLENT FOUNDATION CREDIT CARD**  
\_\_\_\_\_

**LAST FOUR DIGITS ON CARD:** \_\_\_\_\_

**INVOICE #:** 09 -

**DATE RECEIVED:** \_\_\_\_\_

**TOTAL FUNDS RECORDED:** \_\_\_\_\_

DATE OF PURCHASE \_\_\_\_\_ PURCHASE AMOUNT \$ \_\_\_\_\_

PURCHASE AUTHORIZED BY \_\_\_\_\_

DESCRIPTION AND REASON FOR PURCHASE

VENDOR	DESCRIPTION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON SUBMITTING REPORT

**INSTRUCTIONS:** ATTACH ORIGINAL RECEIPT TO THIS COMPLETED FORM & FORWARD TO THE BENEVOLENT FOUNDATION TREASURER

**AUDITOR'S USE ONLY**

REVIEWED AND ACCEPTED:

\_\_\_\_\_ DATE APPROVED IN MINUTES \_\_\_\_\_

\_\_\_\_\_ REQUEST TO RECEIPT

\_\_\_\_\_ RECEIPT TO CHECK NUMBER

\_\_\_\_\_ CATEGORY ALLOCATION/BUDGET VERIFICATION

PAID CHECK#: \_\_\_\_\_

CHECK DATE: \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

AUDITOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_