

SANTA BARBARA COUNTY FIREFIGHTERS BENEVOLENT FOUNDATION

BENEFIT REIMBURSEMENT



POST OFFICE BOX 6618
SANTA BARBARA,
CALIFORNIA
93160

EMAIL OUR TREASURER
JONATHAN.FORD@SBCFIRE.COM

INDIVIDUAL REQUESTING REIMBURSEMENT

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

INVOICE #: 09 -
DATE RECEIVED: _____
DATE OF PAYMENT: _____
CATEGORY: _____

AMOUNT REQUESTED
\$ _____

DATE OF PURCHASE _____ PURCHASE FOR BENEFIT OF _____

METHOD OF PAYMENT: CASH CHECK CHARGE: CC ENDING IN _____

DESCRIPTION AND REASON FOR PURCHASE

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

TOTAL: _____

SIGNATURE OF PERSON REQUESTING FUNDS

INSTRUCTIONS

MAKE A COPY OF THE ORIGINAL RECEIPT FOR YOUR RECORDS

ATTACH ORIGINAL RECEIPT TO THIS COMPLETED FORM

FORWARD THIS FORM AND RECEIPT TO THE BENEVOLENT FOUNDATION TREASURER

AUDITOR'S USE ONLY	
REVIEWED AND ACCEPTED:	
_____ DATE APPROVED IN MINUTES _____	
_____ REQUEST TO RECEIPT	PAID CHECK#: _____
_____ RECEIPT TO CHECK NUMBER	CHECK DATE: _____
_____ CATEGORY ALLOCATION/BUDGET VERIFICATION	CHECK AMOUNT: _____
AUDITOR'S SIGNATURE: _____ DATE: _____	