

SANTA BARBARA COUNTY FIREFIGHTERS BENEVOLENT FOUNDATION

PRIVATE PARTY 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: _____

DATE OF PURCHASE _____

METHOD OF PAYMENT _____ PURCHASE AMOUNT \$ _____

PURCHASE AUTHORIZED BY _____

DESCRIPTION AND REASON FOR PURCHASE

SIGNATURE OF PERSON REQUESTING FUNDS

INSTRUCTIONS

MAKE A COPY OF THE ORIGINAL RECEIPT FOR YOUR RECORDS

ATTACH ORIGINAL RECEIPT TO THIS COMPLETED FORM

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: _____