EL DORADO COUNTY FIRE SAFE COUNCIL

9. Request for Reimbursement

Date: _____

Requester: _____

Check to be made payable to:_____

Address (if check is to be mailed):

_____

_____

Associate Council: _____

Project / Event: _____

If there are multiple reimbursements requested for same project / event please group together and submit at same time with a summary cover sheet.

Date	Paid to	For	Class/Account	Amount
			Total	

Attach receipt (or copy) for each expense

Date Paid: _____ Check No: _____ Approved By: _____

Attach or Copy Receipt(s)