EL DORADO COUNTY FIRE SAFE COUNCIL

344 Placerville Dr. Ste. 17
Placerville, CA 95667
(530) 647-1700
www.edcfiresafe.org
clerk@edcfiresafe.org

9. Request for Reimbursement

Date:_____

Requester:_____

Check to be made payable to:_____

Bank Transfer to AFSC Name:_____

_____

_____

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	Account to Charge	Amount
_____	_____	_____	_____	_____
			Total	

Attach receipt (or copy) for each expense

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

Attach or Copy Receipt(s)