

**Mico Volunteer Fire Department**  
**Reimbursement Request/Expense documentation**

**Note: Expenses over \$500 must be approved by the general membership. Please include date of meeting and the amount approved by membership for this transaction.**

**A receipt from place of purchase must be submitted for every transaction. Please attach receipt to this form.**

Date of Request: \_\_\_\_\_

Requester: \_\_\_\_\_

- Purchase Method:
- MVFD Debit Card
  - Valley Mart Gas Card
  - Personal expense, please reimburse

Purchase Date: \_\_\_\_\_

Description of purchased items (please list all items):

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Remittance to? \_\_\_\_\_ Total Amount: \_\_\_\_\_

Method of Remittance:  Leave in box at MVFD Main Station

Mail to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_