SCIO RURAL FIRE PROTECTION DISTRICT
REIMBURSEMENT FORM

Payable to: _____

Attach appropriate documentation (sales slips, cash register receipts, gas charge tickets, travel expense receipts for lodging/meals) if applicable, to this form.

Expenses:

CONFERENCE/WORKSHOP/MEETING

Date: _____

Location: _____

Meals $ _____

Lodging $ _____

Mileage _____ x $.____ = $_____

Total: $ _____

Other Reimbursement - Not Conference Related

DATE	ITEM	AMOUNT	ACCOUNT

TOTAL REIMBURSEMENT $ _____

_____ _____
Claimant Signature Date

_____
Chief Approval