



Reimbursement Form

Request for Reimbursement/Payment of expenses incurred.

Reimbursement Made Out To: _____

Costs for good and services (if applicable)

DATE	VENDOR	AMOUNT	Reimbursement For:

Mileage (if applicable)

DATE	LOCATION/EVENT	MILEAGE	RATE (67¢/mi.)	TOTAL

I, _____, a member of South Whidbey Fire/EMS, do hereby under the penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof for performance of duties or while representing SWFE.

(Signature)

Budget BARS #: _____

Approval: _____

Subscribed and sworn to me on this

_____ Day of _____, 2023

Mary Kaye Johansen, Finance Officer
South Whidbey Fire/EMS