

Spokane County Fire District 8

MISCELLANEOUS OUT-OF-POCKET REIMBURSEMENT

NAME _____

ADDRESS _____

Date	Vendor	Item	Amount	Code
		TOTAL	\$	

Attach all receipts to this form.

Invoice _____

Audited _____

Approved _____

Voucher No. _____

Date _____

CERTIFICATION

I do hereby certify under the penalty of perjury 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.

Signed _____

Dated _____