



Reimbursement Request

Auxiliary to Austin Firefighters Association, Local 975

Events must be pre-approved in order to be reimbursed.

Event: _____

Date of Event: _____

Requestor: _____

Address: _____

Phone: _____

Detailed Description of Item(s) Purchased

Amount

Detailed Description of Item(s) Purchased	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Reimbursement Requested:

Comments:

Signatures:

Date

Requestor: _____

Committee Chair or VP: _____

President: _____

Note: Completed form to be submitted to Auxiliary President.
Receipts may be submitted with form or presented in person at next regular meeting.

Send Completed form to: Claire Hempel – 7537 Cameron Road, Austin, TX 78752