



Saint David Fire District Travel & Expense Reimbursement Request

Date of Travel / Expense	Name of Member
Location	Purpose/Reason

Total Round-trip Mileage	Mileage Reimbursement Amount (\$0.56/mile)
--------------------------	--

Approved Meals*	Approved Housing*
Approved Expenses	

Total Reimbursement Request

1. Housing and meals are only reimbursed for approved training that lasts more than 8 hours.
2. EVERY EFFORT SHOULD BE MADE TO SUBMIT ALL PAPERWORK IN THE SAME MONTH THE EXPENSES WERE MADE. The board requires all reimbursement requests to be submitted to the bookkeeper no later than the 15th of the month.

Member Signature	Officer Signature
------------------	-------------------

PROVIDE RECEIPTS

Receipts must be ORIGINAL, ITEMIZED, & MACHINE PRINTED.

Pay for personal items separately.