



# New York State

Fire Marshals & Inspectors Association

Post Office Box 86 - West Henrietta, New York 14586-0086

## Expense Reimbursement Form

|         |  |                 |          |
|---------|--|-----------------|----------|
| Date    |  | Contact Phone # |          |
| Name    |  |                 |          |
| Address |  |                 |          |
| City    |  | State           | Zip Code |
| Email   |  |                 |          |

### Summary of Expenses *Please attach receipts to this form*

|                                      | Date | Description<br>(Location / Expense Details, Etc) | Travel<br>Mileage / Tolls | Rental Car | Lodging | Meals | Other | Total |
|--------------------------------------|------|--|---------------------------|------------|---------|-------|-------|-------|
| 1                                    |      |  |                           |            |         |       |       |       |
| 2                                    |      |  |                           |            |         |       |       |       |
| 3                                    |      |  |                           |            |         |       |       |       |
| 4                                    |      |  |                           |            |         |       |       |       |
| 5                                    |      |  |                           |            |         |       |       |       |
| <b>Expense Report Total</b>          |      |  |                           |            |         |       |       |       |
| <b>TOTAL REIMBURSEMENT REQUESTED</b> |      |  |                           |            |         |       |       |       |

***I certify that the expenses listed above were incurred on behalf and exclusively for the benefits and business purpose of the New York State Fire Marshal and Inspectors Association.***

|                     |      |
|---------------------|------|
| Prepared by (Print) | Date |
|                     |      |
| Signature           |      |
|                     |      |

***I have reviewed these expenses and I believe they are true and accurate as submitted and approve this expenditure for payment.***

|                     |      |
|---------------------|------|
| Approved by (Print) | Date |
|                     |      |
| Signature           |      |
|                     |      |