



Administrative Fire Services Section Expense Statement

Name:		Department:	
Committee:			
Vendor:			
Form of payment: Check #		Credit Card <input type="checkbox"/>	Cash <input type="checkbox"/>
On Acct. <input type="checkbox"/>			
Date	Description of Expenses (attach original receipts)	Amount	
Make Check Payable To:			
Check #		Date:	
Account #		TOTAL \$	