

THURSTON COUNTY FIRE PROTECTION DISTRICT 8

ACTIVITY TRAVEL ADVANCE & REIMBURSEMENT RECORD FORM
SOUTH BAY FIRE DEPARTMENT

NAME: _____
DATE: _____

DATE	ACTIVITY (FUNCTION, ORGANIZATION)	LOCATION	COST ITEM (MEAL, TRAVEL, OTHER)	AMOUNT
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1. REQUEST FOR TRAVEL COSTS ADVANCEMENT

/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$

Supervisor Initial (Appvd): _____ Total Advance: \$

2. REQUEST FOR REIMBURSEMENT

/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$
/ /				\$

Total Reimbursement: \$

3. RECONCILIATION: Reimbursement Less Advancements (if any): \$

REVOLVING FUND PAYMENT INFORMATION (If applicable):

PAID BY CHECK NUMBER: _____	AMOUNT PAID: _____
DATE: _____	
COST CODE: _____	\$

4. TOTAL REIMBURSEMENT REQUESTED: \$

SIGNED: _____ REQUESTOR

SIGNED: _____ APPROVAL

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