

Oregon Fire Service Office Administrators

CHECK AUTHORIZATION / REIMBURSEMENT REQUEST FORM

DATE OF REQUEST: _____

PAYABLE TO: _____

ADDRESS: _____

DESCRIPTION OF SERVICES OR PRODUCT: _____

AMOUNT: \$ _____

Person Requesting Check: _____

NOTE: Attach copies of receipts to this form and mail to OFSOA Treasurer, 1284 Court Street, Salem, OR 97301