



*Oregon Fire Service Office of Administrators*

**REIMBURSEMENT  
REQUEST FORM**

DATE OF REQUEST: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF PURCHASE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT of REIMBURSEMENT:           \$ \_\_\_\_\_

Person Requesting Check: \_\_\_\_\_  
(Legible Signature)

Attach copies of the receipts/backup to this form.