

GRANT COUNTY FIRE DISTRICT NO. 3

Expense Form

Name : _____

Reason: _____

Start Date: _____ End Date: _____

Location: _____

Date & Signature Person Requesting Per Diem: _____

Date							
Breakfast							
Lunch							
Dinner							
Daily Total							

Total Meals \$ _____

Lodging: _____ \$ _____

Other: _____ \$ _____

Approved this _____ day of _____, _____.

Check # _____ in the Amount of \$ _____.

Check Issued by: Name & Title

“I” hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.”

Signature & Date upon Returning

Signature & Date of Custodian