



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

EVENT EXPENSE REIMBURSEMENT FORM

PLEASE COMPLETE EACH FIELD

EVENT NAME		EVENT DATE		
EVENT LOCATION				
EVENT PURPOSE				
EVENT COORDINATOR / FULL NAME				
EVENT COORDINATOR / ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		

ITEMIZED EXPENSES

DATE	DESCRIPTION	AMOUNT
DATE	DESCRIPTION	AMOUNT
DATE	DESCRIPTION	AMOUNT
DATE	DESCRIPTION	AMOUNT
DATE	DESCRIPTION	AMOUNT
DATE	DESCRIPTION	AMOUNT
DATE	DESCRIPTION	AMOUNT
GRAND TOTAL		

IMPORTANT

The benefit maximum is \$500 per station, per calendar year. Event must be held at a Fire Station or Fire Department property and must be an approved sporting event (Handball, Racquetball, Pickleball). Benefit must be spent on food, non-alcoholic beverages, or rental equipment. All receipts must be submitted within 90 days along with signed form and approved by Admin Committee for reimbursement.

OFFICE USE ONLY

APPROVED BY ADMIN COMMITTEE:	
---------------------------------	--

EVENT COORDINATOR SIGNATURE

DATE

SUBMIT COMPLETED FORM & RECEIPTS TO:
LOS ANGELES FIREMEN'S RELIEF ASSOCIATION - ATTN: ADMIN COMMITTEE
P.O. Box 41903 - Los Angeles CA 90041
FAX: (323) 259-5292 EMAIL: faguirre@lafra.org OR bwall@lafra.org