



# MINNESOTA STATE FIRE DEPARTMENT ASSOCIATION EXPENSE REQUISITION FORM

Requestor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Expense Date	Type (Check one)						Description (for mileage, indicate miles driven)	Amount Requested
	Gas	Mileage	Parking	Meals	Lodging	Other		
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
<b>Total</b>							\$	

Requestors Signature: \_\_\_\_\_

*(By signing, I certify that this claim is correct and true)*

**Attach appropriate receipts**

**Requisition form must be rec'd within 30 days of expense**

**Mileage rate for 2024 is .67 cents per mile**

**Submit completed vouchers/receipts to DeeDee Jankovich**

OFFICE USE ONLY
Date Rec'd: _____
Approved By: _____
Authorized Signature: _____