MINNESOTA STATE FIRE DEPARTMENT ASSOCIATION
EXPENSE REQUISITION FORM

Requestor Name:_____ Date:_____

Address:_____

City/State/Zip:_____

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

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 2026 is 76 cents per mile

Submit completed vouchers/receipts to DeeDee Jankovich

OFFICE USE ONLY

Date Rec'd:_____

Approved By:_____

Authorized Signature:_____