



# MINNESOTA STATE FIRE DEPARTMENT ASSOCIATION EXPENSE REQUISITION FORM

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

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

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

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

| Expense Date | Type<br>(Check one) |         |         |       |         |       | Description<br>(for mileage, indicate miles driven) | Amount<br>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 2023 is .655 cents per mile**

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

OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

Approved By: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_