



Greensburg Volunteer Fire Department Board of Control Check Reimbursement Form

General Fund: _____ Chiefs Fund: _____

Check Payable to: _____

Amount of Check: _____

Mailing Address: _____

Phone Number: _____

Description of Expense: _____

Date Expense Approved by Board of Control: _____

Check Number: _____

Date Check Written: _____

Receipt Attached: Yes _____ No _____