GRANT COUNTY FIRE DISTRICT NO. 3
Expense Form

Name :_____

Reason: _____

Start Date: _____ End Date: _____

Location: _____

Date & Signature Person Requesting Per Diem: _____

Date							
Breakfast							
Lunch							
Dinner							
Daily Total							

Total Meals $ _____

Lodging: _____ $ _____

Other: _____ $ _____

Approved this _____ day of _____, _____.

Check # _____ in the Amount of $ _____.

_____
Check Issued by: Name & Title

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"I" hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof."

_____
Signature & Date upon Returning

_____
Signature & Date of Custodian