

**Upper Darby Professional
Fire Fighters Assoc.
Local 2493**

Reimbursement Form

Fill out all parts that apply to your reimbursement
Attach receipt (You will not be reimbursed without a receipt)
Place in treasurer bin in union hall (Upstairs in hallway) (Lower Bin)
If you can not gain access to the union hall drop the form in mail box on
porch or hand over directly to treasurer
Please print so it can be understood

Name _____

Date submitted _____

Who is to be reimbursed _____
(Only if different from name above)

What is the receipt for
(Example: Meeting with lawyer, lunch and all names who attended)

Date on receipt _____

Amount of receipt _____

How was this paid for (Check below)

Cash/Check _____ Personal Credit Card _____ Union Credit Card _____