

# *Oregon Fire Service Office Administrators*

## **CHECK AUTHORIZATION / REIMBURSEMENT REQUEST FORM**

DATE OF REQUEST: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF SERVICES OR PRODUCT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

Person Requesting Check: \_\_\_\_\_

**NOTE: Attach copies of receipts to this form and mail to OFSOA Treasurer, 1284 Court Street, Salem, OR 97301**