



Professional Firefighters/Paramedics of Palm Beach County, Inc. IAFF Local 2928

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Monthly Expense Reimbursement Form

This form is to be submitted to the Treasurer for review and disbursement of funds.

Name and Position _____ Month/Year _____

Purpose of Trip _____

Miles: _____ x \$0.____ = Expense Request \$ _____

Other Expenses: _____ = \$ _____

(Be specific & attach receipts)

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

Total Request = \$ _____

For Office Use Only

Total Reimbursed = \$ _____

Check Number: _____

Approved By: _____

Affiliated with the International Association of Fire Fighters, AFL-CIO, CLC



MILEAGE DOCUMENTATION FORM

[illegible]