

**LISLE-WOODRIDGE FIRE DISTRICT  
FOREIGN FIRE INSURANCE BOARD**

**REQUEST FOR EXPENDITURE**

**NAME:** \_\_\_\_\_  
(PLEASE PRINT)

**DATE:** \_\_\_\_\_

*ITEM REQUESTED FOR:*

STATIONS

PERSONNEL SAFETY

DEPARTMENTAL TRAINING & EDUCATION

*DESCRIPTION:* (PLEASE GIVE A BRIEF DESCRIPTION OF THE ITEM(S) REQUESTED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*VENDOR(S):* (PLEASE PROVIDE NAME, ADDRESS AND PHONE NUMBER)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*COST:* (PLEASE PROVIDE ALL COSTS INCLUDING ANY SHIPPING, DELIVERY OR SET-UP CHARGES)

\_\_\_\_\_

*REASON FOR REQUEST:* (PLEASE EXPLAIN HOW THIS REQUEST WILL BE FOR THE MAINTENANCE, USE, AND BENEFIT OF THE DISTRICT)

\_\_\_\_\_

*SIGNATURE:* \_\_\_\_\_

*STATION CAPTAIN:* \_\_\_\_\_

(PLEASE ATTACH ANY SUPPORTING DOCUMENTS TO THIS REQUEST PRIOR TO SUBMITTING)

FOREIGN FIRE INSURANCE BOARD USE ONLY

DATE REQUEST RECEIVED: \_\_\_\_\_

DATE(S) REVIEWED: \_\_\_\_\_

APPROVED

NOT APPROVED

FFIB MEMBERS PRESENT: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRE CHIEF SIGNATURE: \_\_\_\_\_

APPROVED

NOT APPROVED