

**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