



Kendall Park First Aid & Rescue Squad

PO Box 5097, 121 New Road, Kendall Park, New Jersey 08824

Over 50 years of community service



MEMBER EXPENSE REIMBURSEMENT FORM

Member Name: _____

Address: _____

I certify that I have incurred reimbursable expenses during the period of January 1, 20__ through December 31, 20__. I have incurred these expenses in order to fulfill my obligations as a volunteer member of the Kendall Park First Aid & Rescue Squad, Inc. (KPFARS). These expenses include first aid equipment and supplies, laundry, uniform maintenance, clothing, educational materials, gasoline, and other incidental expenses. I certify that I have, and will retain, supporting documentation for these expenses. I further understand that this reimbursement eliminates the ability to deduct these expenses on my personal tax return.

I hereby request reimbursement of \$ _____ to cover the cost of these expenditures and I am eligible for reimbursement according to the reimbursement policy established by KPFARS.

Member Signature

Date

FOR INTERNAL USE ONLY

Approved _____

Rejected _____

Comment

President

Date Paid/check #

