



# 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, 2020 through December 31, 2020 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 \$ 250.00 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 #

