



# Dudley Fire & Emergency Services

128 West Main Street  
Dudley, Massachusetts 01571



Established 1960

Business (508) 949-8040  
Fax (508) 943-4424

Dudleyfirechief@charter.net / Dudleyfirechief@dudleyma.gov

## REIMBURSEMENT REQUEST

Note: Please type or print clearly. Attach receipts to this form when ever possible. All pertinent data must be provided. Place completed form in the Fire Chief's mail slot.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### FILL IN THE APPLICABLE CATEGORY

#### Authorized Tuition Fee

Type of Tuition Fee: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount to be reimbursed: \$ \_\_\_\_\_

#### Toll Reimbursement:

Ambulance Run Number/Patient Name: \_\_\_\_\_  
What Hospital Transported to: \_\_\_\_\_  
Activity other than Ambulance Run: \_\_\_\_\_  
Amount of Tolls Paid: \_\_\_\_\_ Date: \_\_\_\_\_

#### Fuel Reimbursement:

Activity requiring replacement of fuel: \_\_\_\_\_  
Vehicle/Equipment used: \_\_\_\_\_  
Amount of fuel used: \_\_\_\_\_ Amount to be reimbursed: \$ \_\_\_\_\_  
Date: \_\_\_\_\_

#### Authorized Purchase:

Item(s) Purchased: \_\_\_\_\_  
Total Cost of Item(s): \_\_\_\_\_ Date Purchased: \_\_\_\_\_  
Reason purchase by personal funds: \_\_\_\_\_

#### Authorized Miscellaneous Expenditure(s)

Expenditure(s): \_\_\_\_\_  
Reason for expenditure(s): \_\_\_\_\_  
Date of expenditure(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Please consider this my request for reimbursement for the above.

Signature: \_\_\_\_\_ Approved Disapproved Pending

\_\_\_\_\_  
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