

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT  
**CREDIT CARD Reimbursement Request**

**Use ONE Form for each RECEIPT**

Purchaser Name: \_\_\_\_\_  
*PRINT*

If Charged, Name on  
Charge Card: \_\_\_\_\_  
*PRINT*

Date Purchased: \_\_\_\_\_

Amount of Purchase: \$

Purchased Where?  
Store:

Item(s) Purchased:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Purchase:  
\_\_\_\_\_  
\_\_\_\_\_

Charge to Account(s)/Amount(s)

Chief Jamison's Signature  
**X** \_\_\_\_\_

 **Return to Jennifer**

**ATTACH CREDIT  
CARD RECEIPT  
HERE**

