LORAIN COUNTY FIRE CHIEF'S ASSN.
EXPENSE REPORT

NAME: _____ MONTH: _____

Date	Description	Miles	Meals	Lodging	Other
Totals					
Mileage Allowance .585/mile (2022)					
Grand Total		$			

Total Reimbursement: $ _____

_____ Assn. Issued Credit Card _____ Personal Reimbursement

- Attach copy of receipt for all purchases.
- Description must be detailed; IE: training, meetings, location.

Member Signature: _____

LCFCA Authorization: _____

Return to: Jeremy Betsa, LCFCA Treasurer
32811 Walker Road
Avon Lake Ohio 44012
Ph: 440-933-8305 E-mail: jbetsa@avonlakefire.org

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