



Firemen's Insurance and Inspection Fund (1%)

Expenditure Approval Form 201

South Carolina State Firefighters' Association

Date of Request	Fire Dept Name	Fire Dept ID #	Fire Dept County
Fire Dept Contact Name		Contact Daytime Phone	Contact Email Address
Approval by Local Board of Trustees We certify these expenditures are in compliance with the Firemen's Insurance and Inspection Fund (1%)			Approval by State Supervisory Committee Date Rec'd by SCSFA _____ Received By _____ Number of FD Members _____ Date Scanned _____ Date Emailed _____ Approval Sent to FD _____ _____ Chair _____ Date _____ _____ Member _____ Date _____ _____ Member _____ Date _____ ~~~ Association Use Only ~~~
Print Name	Signature	Date	

We the undersigned, who are members in good standing with our fire department and the S.C. State Firefighters' Association, request permission to utilize our local Firemen's Insurance Fund (1%) to defray the expenses of the following:

Refer to annual budget OR Specific Items Listed Below

_____	\$ _____
_____	\$ _____
_____	\$ _____

Fire Department Member's Voting (51% of FD Required)
(See Continuation Sheets Attached)

Total \$ _____

Date of Request:		Fire Dept Name:		
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Date of Request:		Fire Dept Name:		
#	PRINT Name	Signature	Yes	No
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