



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 | |
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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 Inspection 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 \$ _____ 0

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