



MINNESOTA STATE FIRE DEPARTMENT ASSOCIATION – REGION 7 EXPENSE REQUISITION FORM

Requestor Name: _____

Date: _____

Address: _____

City/State/Zip: _____

Expense Date	Type (Check one)						Description (for mileage, indicate miles driven)	Amount Requested
	Gas	Mileage	Parking	Meals	Lodging	Other		
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Total								\$

Requestors Signature: _____

(By signing, I certify that this claim is correct and true)

Attach appropriate receipts

Requisition form must be rec'd within 30 days of expense

Mileage rate for 2025 is .70 cents per mile

Submit completed vouchers/receipts to DeeDee Jankovich – deedee@msfda.org

OFFICE USE ONLY

Date Rec'd: _____

Approved By: _____

Authorized Signature: _____