BELLPORT V.F.B.A.

VOLUNTEER FIREFIGHTER BENEVOLENT ASSOCATION

ASSISTANCE APPLICATION

I,_____, hereby request financial assistance for the following expenses incurred from January 1st – December 31st.

Signature_____Expenses $_____

Date Received_____Approved By_____Amount $_____

RECEIPT DATE	AMOUNT PAID	AMOUNT GRANTED
TOTAL PAID	$	

PLEASE: enclose receipts and this form in a envelope and deposit in the VFBA Mail Box, or mail to Bellport V.F.B.A., 161 Main Street, Bellport, NY, 11713.

NOTE: FORMS MAY BE TURNED IN: MARCH _ JUNE SEPT DEC. FOR PAYMENT

NOTE: TOTAL AMOUNT GRANTED FOR THE YEAR WILL BE $500.00

DEADLINE - RECEIPTS RECEIVED AFTER JANUARY 15, 2021, WILL NOT BE ACCEPTED