## **BELLPORT V.F.B.A.**

## VOLUNTEER FIREFIGHTER BENEVOLENT ASSOCATION

## ASSISTANCE APPLICATION

<u>I,</u>	, he	reby request financia	al assistance for the following
expenses incurred from	m January 1st – D	ecember 31st.	al assistance for the following
Signature	Expenses \$		
Date Received	Approved	Ву	_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, 2022, WILL NOT BE ACCEPTED