SHOE AND HELMET REIMBURSEMENT INSTRUCTIONS

PLEASE COMPLETE THE HIGHLIGHTED SECTIONS OF BOTH THE PROPERTY AND SUPPLY REIMBURSEMENT FORM AND THE EMPLOYEE EXPENSE VOUCHER.

IF YOU ARE PURCHASING A HELMET, YOU NEED TO BRING IT TO PROPERTY FOR INSPECTION.

SHOES AND HELMETS, YOU MAY BRING THE COMPLETED DOCUMENTS AND YOUR RECEIPT SHOWING THE DATE, ITEM, AND METHOD OF PAYMENT TO PROPERTY AND SUPPLY OR FOR SHOES ONLY, USE YOUR STATION COPIER OR OTHER SCANNING DEVICE TO SCAN YOUR RECEIPT AND THE COMPLETED DOCUMENTS AND EMAIL THEM TO FIRE.LOGISTICS@MONTGOMERYCOUNTYMD.GOV.

ALL EMAILED DOCUMENTS MUST BE IN PDF FORM. NO PHOTOGRAPH FILES.

PROPERTY AND SUPPLY REIMBURSEMENT FORM

NAME STATION FSID

HOME MAILING ADDRESS ON RECORD WITH THE COUNTY:

HELMETS - Helmets must be new, unused, and purchased within the past 6 months. A receipt must be attached with cost of the helmet and purchase date. Helmets must be presented at Property and Supply along with the original manufacturer's documentation showing NFPA 1971, most recent edition compliance. A serial/manufacturer number and date of manufacture must be visible. Reimbursement is made up to the value of standard MCFRS issued helmets only. Personnel are responsible for ensuring their helmets meet all MCFRS policies and NFPA standards.

TO BE COMPLETED BY PROPERTY SECTION PERSONNEL:

Manufacturer/Serial Number/Description

Approval date and signature Manufacture Date

SHOES - A receipt dated within the past 6 months must be attached. Shoes must be black and capable of being shined.

TO BE COMPLETED BY PROPERTY SECTION PERSONNEL:

Next available issue

Approval date and signature

General Information		Expenses	<u>.</u>	
Employee Name:	Description	Quantity Unit	Rate	Total
Phone:	Private Vehicle used****	miles		
Department/Agency:	County Owned Vehicle***** Meals & Incidental	miles		
Destination:	Expenses	attach M&IE ca attach Toll Autho		
Travel Dates: from	Tolls	or recei		
to	Parking	**attach re	ceipts	
Fund:	Shuttle/Taxi	**attach re	ceipts	
Cost Center:	Car Rental	**attach re	ceipts	
Account Code/Expenditure:	Airfare/Train/Bus	**attach re	ceipts	
Project:	Hotel	**attach re	ceipts	
Task:	Conference/Seminar/Trainir	**attach receipts (i ***attach A		
Award:	Other	**attach re	ceipts	
Organization:]	Reimbursement l	Requested: \$ _	
	Comments:			
Signatures				
Employee Signature:				
Date:			Type or Prin	t Name
Division Chief Signature:			Type or Prin	t Name
Date:			-, p- 01 1111	
Dept. Head (or designee) Signature:				
Date:			Type or Prin	t Name

*Employee Expense Voucher - (formerly Travel Expense Voucher or TEV Form 1003)

****Use was authorized or a County Vehicle was unavailable for business (Mileage at GSA rate-attach Google Map or similar) *****Used for business (Mileage at GSA rate-attach Google Map or similar)

*This form is not just for Travel Expenses. This form should be used when an employee is requesting reimbursement for any qualifying workrelated expense (such as memberships, training, travel, conferences, etc.) per Administrative Procedures 1-2 or 1-5.

**Receipts for actual costs MUST be attached to this form, per Administrative Procedures 1-2 and 1-5.

***If employee has attended a Conference/Seminar/Training, **the agenda or brochure must be attached**, even if employee is not requesting reimbursement for Conference costs. Any meals provided as part of the Conference will be deducted from the M&IE Per Diem reimbursement. GSA = United States General Services Administration at gsa.gov