



# Emergency Transportation Fee Revenue Sharing Expenditure Request Form

Corporation:			
Auth. Representative:			
Contact E-Mail		Phone Number:	
Date of Request:		Date Required:	
Amount Requested:			

Allowable Expense Category	CHECK
<b>Administration</b>	
• Stand-by support;	<input type="checkbox"/>
• Recruitment and retention support	<input type="checkbox"/>
<b>Apparatus – Requires AMD Approval</b>	
• Purchase, replacement, rehabilitation, or augmentation of apparatus;	<input type="checkbox"/>
• Maintenance and repair of apparatus, ○ including vehicles that may not be supported by the County	<input type="checkbox"/>
<b>Equipment</b>	
• Purchase of approved personal protective gear and equipment;	<input type="checkbox"/>
• Purchase of tools, equipment, hose, and appliances;	<input type="checkbox"/>
• Purchase of equipment and supplies related to firefighter scene rehab;	<input type="checkbox"/>
• Purchase of safety equipment, or enhancements to safety equipment	<input type="checkbox"/>
<b>Facilities – Requires FRP Approval</b>	
• Renovation, maintenance, repair, or improvement of facilities;	<input type="checkbox"/>
<b>Training</b>	
• Training, to include travel expenses	<input type="checkbox"/>

Project Description (attach additional if necessary)

Approval and Processing			
		Signature	Date
Administrative Services Command	Deputy Fire Chief		
Volunteer Services Command	Deputy Fire Chief		
Secondary Coordination Approval	AFC/Manager		
Fiscal Affairs	Manager		
Transportation Fee Coordinator	Coordinator		
Submitted - Accounts Payable			
Payment Disbursed			