

# BELLPORT V.F.B.A.

## VOLUNTEER FIREFIGHTER BENEVOLENT ASSOCIATION

### 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, 2025, WILL NOT BE ACCEPTED**