# 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 |
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| TOTAL PAID | $ | |

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

**NOTE: FORMS WILL BE ACCEPTED IN MARCH, JUNE, SEPT AND DEC. FOR PAYMENT**

**NOTE: TOTAL AMOUNT GRANTED FOR THE YEAR WILL BE $750.00**

**DEADLINE - RECEIPTS RECEIVED AFTER JANUARY 15, OF THE NEXT CALENDAR YEAR WILL NOT BE ACCEPTED. (Ex. 2026 RECEIPTS… SUBMISSION DEADLINE IS JAN 15, 2027)**

Revised 8.21.2026