

**Bedford County Department of Fire & Rescue**  
**1185 Turning Point Road**  
**Bedford, Virginia 24523**  
**Phone: (540)587-0700**  
**Fax: (540)586-2176**

**REIMBURSEMENT REQUEST FORM**  
**For Retail Fuel Purchases**

DEPT. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE#: \_\_\_\_\_

PERSON COMPLETING FORM: \_\_\_\_\_

TOTAL REIMBURSEMENT REQUESTED: \_\_\_\_\_

RETAILER & LOCATION	DATE	VEHICLE #	VEHICLE MILEAGE	GALLONS/ \$\$ PER GALLON	GAS OR DIESEL	TOTAL COST
<b>TOTAL</b>						

*\*\* Note: Original Receipts Must Be Submitted With Reimbursement Request  
We operate on a fiscal year July 1-June 30. Receipts must be submitted no later than July 30<sup>h</sup> of each  
calendar year.*