

# ***Snohomish County Fire Chiefs Association***

## **DOCUMENT 10-03-10**

### **A PURCHASE REQUEST AUTHORIZATION PROCEDURE / REQUEST FORM**

**INTENT:** The intent of this policy is to describe how members of the Snohomish County Fire Chief's association shall request funds.

**DISCUSSION:**

The Snohomish County Fire Chief's Association charges a membership fee to fire and related emergency service agencies. These funds are used to meet the mission of the Association and its divisions. On occasion, divisions of the Association require up-front funding to pay for equipment or training programs. Without a funding source in place, these divisions rely on the Associations budget to fund such programs. This policy explains the avenue to request such funds.

**PROCEDURE**

Request for funds from the Association shall be submitted in writing by the Division Chair or Liaison to the Executive Board on the Request for Funds Form not less than one week before the monthly Executive Board Meeting.

The Funding Request Form may be submitted to either the President or Treasurer of the Association, or Marsha Parker. Electronic, paper, or fax copies will be accepted.

The Executive Board will discuss the request at the scheduled meeting and, if possible, recommend approval or denial of the funding request. Funding approval or denial decision is subject to scrutiny by the General Membership and may be overturned by simple majority vote.

The author of the form or designee may provide additional information to the Executive Board or General Membership as needed. This could be done verbally, written, or electronic format.

Once approved, funds will be dispersed not greater than 10 days from receipt of an invoice indicated the cost of the expense and vendor information.

All receipts from dispersed funds will be returned to the Treasurer, President, or Marsha Parker.

# Snohomish County Fire Chiefs

## *Request for Funds Form*

DATE:	Author:
Request from: ___ EMS ___ Hazmat ___ Training Officers ___ Fire Prevention	
Request Title:	
Total Request Amount: \$	Reimbursable: Yes/No Full/Partial

**Problem Statement:**

**Resolution Request:**

**Itemized Expense List:**

SECTION	DESCRIPTION	COST
<i>Food</i>	<i>40 Lunches @ \$6</i>	<i>\$240</i>
<i>Education</i>	<i>2 Instructors @ \$500 each</i>	<i>\$1000</i>

**Action Taken:** Approved↑ Pending↑ Denied↑ Date:

Special Notes: