



STATE OF NEW MEXICO
 Energy, Minerals and Natural Resources Department
 Forestry Division

**FIRE DEPARTMENT
 REIMBURSEMENT REQUEST**

Fire Name:

Fire #:

Invoice Date:

Invoice #:

Fire Department:

Equipment

Equipment Description	License Number	# of Hours	*Rate per Hour	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Make Reimbursement Payable to:

Total Reimbursement

Name:

Address:

Supplier No.:

City:

State: NM

Zip Code:

*Use current equipment rate schedule
 **Checks are made payable to the governing
 body or fiscal agent of fire department.

**DIVISION
 APPROVAL
 Indicates
 OK TO PAY**

✓

District Forester

Date

CERTIFICATION

I certify that the above services were rendered as stated: that they were necessary and proper, that the amounts claimed are just and reasonable and that no part thereof has been paid.

FIRE DEPARTMENT (Chief)

Date

FISCAL AGENT FOR FIRE DEPARTMENT

Date