

DeKalb County Volunteer Fire Department
Billing Statement

Date Service Performed: _____

Description of Service(s)
Performed: _____

Person(s) Performing Service:

<u>Name</u>	<u># hours</u>	<u>\$ Charged</u>

I certify that the above information is correct to the best of my knowledge and all services listed are for official work associated with use of my personal labor for DeKalb County Fire Department business.

Signature of Claimant: _____ Date: _____

Approval by Chief: _____ Date: _____