



# County of Louisa EMS/Fire Purchase Reimbursement Request

Date \_\_\_\_\_

Purpose of form:

This form should be used to approve and document all purchases made for Louisa County that are to be reimbursed **to the agency**. Attach the receipt and return the completed form to Finance

Pay To: \_\_\_\_\_

Name of Vendor \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Designated Agency Officer:

I hereby certify that this purchase follows the Virginia Procurement Policy that the County follows.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

<u>Item purchased</u>	<u>Account number to charge (Fire Chief)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total amount to be reimbursed \$ -



## County of Louisa Credit Card Purchase Form

Date April 21, 2004

**Purpose of form:**

This form should be used to approve and document all purchases on the Louisa County credit card. Attach the receipt and return the completed form to Administration (copy to AP).

Person Making Request Ernie McLeod

Name of Vendor ICMA

Date of Purchase \_\_\_\_\_

Why does this purchase require a credit card?

Purchase Capital Budgeting & Finance from the internet  
\_\_\_\_\_  
\_\_\_\_\_

**Department Head Certification:**

I hereby certify that this purchase follows the Virginia Procurement Policy that the County follows.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

<u>Item to be purchased</u>	<u>Account number to charge</u>	<u>Amount</u>
Book	12430-6012	74.50
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total amount charged		74.50