



Date of Request _____

Form 201 Page ____ of ____

One-Percent Expenditure Approval Form South Carolina State Firefighters' Association

(Please Print or Type)

Name of Fire Department _____ FDID# _____ County _____

FD Contact Name _____ Contact Daytime Phone _____

E-Mail Address* _____

Approval by State Supervisory Committee

Approval by Local Board of Trustees
We certify these expenditures are in compliance with the
Firefighter's Insurance and Inspection Fund.

Print	Signature	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Received by SCSFA _____	
Received by _____	
Number of FD Members _____	
Date Scanned _____	
Date E-Mailed _____	
Approval Sent to FD _____	

Chair	Date
_____	_____
Member	Date
_____	_____
Member	Date
_____	_____
<i>For Association Use Only</i>	

We the undersigned, who are members in good standing with our fire department and the S.C. State Firefighters' Association, request permission to utilize our local Firefighter's Insurance and Inspection Fund to defray the expenses for the following:

Please Refer to Annual Budget or Specific Items Listed Below

_____	\$ _____
_____	\$ _____
_____	\$ _____

Fire Department Member's Voting (51% of FD Required): Total \$ _____

	Print	Signature	
1.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

* Form #201 can be faxed to 803-454-1801 or e-mailed to jeff@scfirefighters.org at the SCSFFA office in order to expedite the approval process. However, all the pages of the form **MUST** be mailed so the original signatures are on file. Please mail original form to:
SC State Firefighters' Association - PO Box 211725 - Columbia, SC 29221

FD Name _____

Date of Request _____



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Signature

9.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
20.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
21.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
23.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
24.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
25.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
26.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
27.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
28.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
29.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
30.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
31.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Signature

32.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
33.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
34.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
35.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
36.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
37.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
38.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
39.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
40.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
41.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
42.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
43.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
44.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
45.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
46.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
47.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
48.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
49.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
50.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
51.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
52.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
53.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
54.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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