



Indiana Volunteer Firefighter's Association, Inc. LOST CLOTHING VOUCHER

Each request must be filled out and signed by the Claimant and Fire Chief or Fire Department Secretary. Make a copy for your records and forward the original completed form, a description of how the item was damaged or lost, and a copy of the fire report to your District Chairman of the I.V.F.A. All information requested must be completed. Claims shall be presented to the District Chairman within 60 days of loss to be valid. DO NOT DESTROY DAMAGED ARTICLES. ARTICLES MUST BE SUBMITTED WITH FORM FOR APPROVAL. ANY ARTICLES SUBMITTED WILL NOT BE RETURNED.

Name of Fire Department	City or Town	County	District #
Name of IVFA Member	IVFA Membership #	Phone #	Email Address
Address of IVFA Member	City or Town	County	Zip Code
Date of Loss	Place of Loss and Address		
Article Damaged (pants, shirt, glasses, and etc.)			
Date Article Purchased (Month/Year)	Cost of Article When Purchased \$		

I do hereby certify that to my knowledge that this request is true and accurate as filed, which is not more than \$100.00 for clothing or more than maximum allowance for the damage of eye glasses or contact lenses is limited to seventy-five dollars (\$75.00) except in the case of hearing aide in connection with eye glasses, where a maximum allowance is limited to one hundred fifty dollars (\$150.00), and individual hearing aids where a maximum allowance is limited to one hundred fifty dollars (\$150.00). Clothing Committee meets quarterly, February, May, August, November.

Signature of Claimant _____	Date _____
I, Fire Chief or Secretary have checked the above request and recommend to the I.V.F.A. Treasurer this claim be paid in accordance with the SOG's of the I.V.F.A.	
Signature of Chief or Secretary of Fire Dept. _____	Date _____

For Clothing Committee Use Only

Amount requested by IVFA Member	\$	
Amount of Value Per Dry Cleaners Form	\$	
Amount Paid IVFA Member	\$	
Description of Loss and Disposal of Article		

Further Remarks Regarding How Item Was Damaged: _____

Signature I.V.F.A. District Chairman _____ Date _____

IVFA Office Verification _____ Date _____

Date Reported to the I.V.F.A. Treasurer: _____ Date Claim Paid _____ Ck # _____
Month/Day/Year