

Ridgefield Fire Department

Uniform/Equipment Purchase Request

Member Name:

Date Submitted:

Item Requested	Vendor	Item #	Unit Cost	Total Cost	Approval
1.					
2.					
3.					
4.					
5.					
6.					

___ I will purchase on my own and submit reimbursement request

___ I will order from an approved vendor and invoice the department

Approval:

Member has sufficient funds available on annual allowance _____

Approved by:

Date Approved: