



**Campbell County
Department of Public Safety**

VOLUNTEER REIMBURSEMENT FORM

Tracy M. Fairchild, Director
Barbie Alleman, Office Manager

Post Office Box 500, Rustburg Virginia, 24588
(434) 332-9540

Volunteer Name _____
Name of Person Transported _____ Relationship _____ Household member Y or N
Volunteer Address _____
City / State _____ Zip _____
Phone Number _____
Date of Service _____
Total Cost of Transport _____
Insurance Company _____
Insurance Paid _____
Out-of-Pocket Costs _____
Amount to be reimbursed _____
I confirm that any and all insurance has been collected and applied toward the costs of this transport and the person transported resides at the address listed above.
Volunteer Signature _____ Date _____
I confirm that the volunteer listed above is an eligible member according to our department's bylaws.
Chief/Captain Signature _____ Date _____
Department _____

Public Safety Director _____ Date _____

Amount Reimbursed _____

Reimbursement processed by _____ Date _____

