FIRE DEPARTMENT SAFETY TESTING & PHYSICAL REIMBURSEMENT REQUEST

DATE OF REQUEST: / /

FISCAL YEAR: 2026 / 2027

FIRE DEPARTMENT INFORMATION

Fire Department:

Fire Chief: Phone:

Mailing Address:

City: State: Zip Code:

Email Address:

REIMBURSEMENT REQUEST SUMMARY

The undersigned Fire Department requests reimbursement for eligible firefighter safety testing and/or firefighter physicals as approved by Cherokee County Council.

Total Amount Requested: $

(Maximum reimbursement available per Fire Department: $12,500.00.)

ELIGIBLE REIMBURSEMENT CATEGORIES

Please indicate the category(ies) for which reimbursement is being requested.

- ☐ Annual Ladder Testing
- ☐ Annual Fire Hose Testing
- ☐ Annual Pumper/Engine Testing
- ☐ SCBA Flow Testing
- ☐ SCBA Cylinder Hydrostatic Testing
- ☐ Firefighter Physical Examinations
- ☐ Other Approved Safety Testing (please specify)

EXPENSE DETAIL

Date of Service	Vendor	Description	Amount

Total Amount Requested: $

REQUIRED DOCUMENTATION

Please attach the following:

- ☐ Paid Invoices
- ☐ Proof of Payment
- ☐ Vendor documentation describing services performed
- ☐ Any additional supporting documentation

CERTIFICATION

I certify that:

- The expenses submitted were incurred by the Fire Department identified above.
- The expenses were for eligible firefighter safety testing, firefighter physicals, or other approved safety-related testing.
- Copies of invoices supporting each request are attached.
- The expenses have not previously been reimbursed by Cherokee County.
- The information provided is true and accurate to the best of my knowledge.

Printed Name: _____ Signature: _____ Date: _____

(Fire Chief)

CHEROKEE COUNTY REVIEW

Received By: Date Received:

Finance Director Approval: Date:

Administration Approval: Date:

Amount Approved: $

Check Number: Payment Date:

Cherokee County Finance to keep a completed copy of this form for their records, and a completed form will be mailed to Fire Department for thier records.

FIRE DEPARTMENTSAFETYTESTING REIMBURSEMENTGUIDELINES

Cherokee County Council has authorized reimbursement of up to $12,500.00 per Fire Department for eligible firefighter safety testing and firefighter physicals in the FY 26-27 operating budget.

ELIGIBLE REIMBURSEMENTCATEGORIES INCLUDE:

- ☐ Annual LadderTesting
- ☐ Annual Fire Hose Testing
- ☐ Annual Pumper/Engine Testing
- ☐ SCBA Flow Testing
- ☐ SCBA Cylinder Hydrostatic Testing
- ☐ Firefighter Physical Examinations
- ☐ Other Approved firefighter safety testing approved by Cherokee County Administration

SUBMISSION REQUIREMENTS:

- ☐ Completed reimbursement request form.
- ☐ Copies of vendor invoices and corresponding proof of payment.
- ☐ Documentation supporting services performed.
- ☐ Requests may be submitted throughout the fiscal year until the department's allocated reimbursement amount has been exhausted.
- ☐ Reimbursements are limited to actual eligible expenses incurred.

Cherokee County reserves the right to request additional documentation, verify submitted expenses, and deny reimbursement for expenses that do not meet the intent of the County Council appropriation or are otherwise determined to be ineligible.