



Los Angeles Fire Department

200 N. Main Street 16th Floor Rm. 1620, Los Angeles, CA 90010

Telephone # 213-482-9502 Email: lafdss@lacity.org

Claim for Refund

**Note: A Claimant may be required to submit to examination under oath (Charter Sec 63.)
Presentation of a false claim is a felony. (California Penal Code Section 72.)**

FIMS TRANS ID:

LAFD Acctg #:

City Clerk Claim #

Filing Date:

PLEASE MAKE CHECK PAYABLE TO:

1. PRINT NAME OF CLAIMANT (LAST) (FIRST) (MIDDLE)

2. BUSINESS ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)

3. MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP CODE) 4. PHONE NO.

5. CITY DEPARTMENT TO WHICH PAYMENT WAS MADE
Fire Department

6. DATE PAID

7. AMOUNT CLAIMED

8. TRANSACTION ID NUMBER (LAFD APPLICATION NUMBER) AND/OR REQUEST ID NUMBER ****REQUIRED****

9. LOCATION OF JOB

10. STATE THE DETAILS OF THE EVENTS LEADING TO THE FILLING OF THIS CLAIM. Ex:, date, time, place,name, type of contract, etc.

11. I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE

SIGNATURE AND TITLE OF CLAIMANT

DATE

12. SUBSCRIBED AND SWORN TO BEFORE ME

SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC

this day of 20

DEPARTMENTAL RECOMMENDATION

Approved as Requested

Approved as Modified

Disapproved

FUND PAYABLE FROM

REVENUE SOURCE CODE

BALANCE SHEET ACCOUNT

AMOUNT APPROVED

REMARKS

NAME AND TITLE OF PERSON MAKING RECOMMENDATION

NAME AND TITLE OF PERSON AUDITING CLAIM

DEPARTMENT HEAD

BY

DATE