COMMONWEALTH OF VIRGINIA
VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD FUND

MEMBERS' FUNDS TRANSMITTAL REPORT

PLEASE PRINT ATTACH ADDITIONAL PAGES IF REQUIRED PAGE __OF __

NAME OF DEPARTMENT OR SQUAD _____ LOCATION/COUNTY _____

NAME	SOCIAL SECURITY NO.	CHECK IF NEW	MEMBER CONTRIBUTION	LOCALITY (OTHER) CONTRIBUTION	GENERAL FUND CONTRIBUTION	TOTAL CONTRIBUTION

MUST BE A DEPARTMENT OR SQUAD CHECK

SUB TOTAL IF ADDITIONAL PAGES ARE ATTACHED $ _____

TOTAL FUNDS TRANSMITTED WITH THIS REPORT $ _____

II. PLEASE CHECK APPROPRIATE BLOCK:

☐ No changes since last transmittal ☐ Change(s) in contribution amount(s) ☐ Change(s) in Membership

There are _____ new member(s).

DELETIONS ARE AS FOLLOWS:

	Name	Social Security
1.		
2.		
3.		
4.		

III. DEPARTMENT/SQUAD CERTIFICATION

I certify that the above information is correct and that the members of the designated Department/Squad are eligible to participate in the Fund.

Please print your name on this line and sign on the next line. _____

Authorized Signature _____ Date _____

Title _____ Telephone No. ( ) _____

SEND ONE CHECK AND FORMS TO:

VOLSAP Plan Administrator
c/o Palmer & Cay Consulting Group
9020 Stony Point Parkway, Suite 200
Richmond, VA 23235