

Foreign Fire Education Reimbursement Program

Name: _____ Today's Date: _____

Class: _____ Class Dates: _____

Was this a department approved course? **Y**____ **N**____

Lodging: Location _____

Was lodging shared with any other department members? **Y**____ **N**____

If so, with whom? _____

Your individual total lodging expense= \$ _____

Travel: Vehicle: Personal vehicle? **Y**____ **N**____

Personal/Rental vehicle used, total miles driven: _____ **x** _____ = \$ _____

Department vehicle? **Y**____ **N**____

Rental vehicle? **Y**____ **N**____ Amount \$ _____

Taxi/Limo used? **Y**____ **N**____ Amount \$ _____

Parking/Tolls/Misc. **Y**____ **N**____ Amount \$ _____

Was there a carpool with any other department members? **Y**____ **N**____

If yes, with whom? _____

Your individual total vehicle expenses= \$ _____

Air travel? **Y**____ **N**____

Your individual total airfare cost= \$ _____

Food: Included in tuition? **Y**____ **N**____

Included in lodging expense? **Y**____ **N**____

If not, list number of breakfasts, lunches and dinner:

Breakfast (\$8) x _____ = \$ _____

Lunch (\$12) x _____ = \$ _____

Dinner (\$20) x _____ = \$ _____

Your individual total food expenses= \$ _____

Documentation: please provide documentation and place a check next to all provided.

Class description sheet _____ Receipts for lodging and travel _____

Class confirmation email/letter _____ Mapquest/Google Map _____

Class certification/completion sheet _____

Additional Comments:

These signatures are needed for approval:

Division Chief of Training: _____

FFITB Board Member: _____

FFITB Board Member: _____

I have provided the FFITB with true and accurate information to request funds for reimbursement.

SIGNATURE _____

TOTAL REQUEST \$ _____

REQUEST MUST NOT EXCEED \$1000.00 PER YEAR PER INDIVIDUAL