

REIMBURSEMENT APPLICATION FORM
BUDGET WORKSHEET
Make copies as needed.

Fire Department Staff Name	Class or Course Name	Hourly Pay Rate	Total # of Hours	Total Cost (rate X hours)	Course Fee	Reimbursement Requested Per Staff
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$

Equipment or Prop	Course or Class Item Supported	Date and Place of Purchase <i>A copy of the original invoice must be included with application.</i>	Cost
			\$
			\$
			\$
Totals			\$

Final Cost worksheet

Total amount of reimbursement requested for training	\$
Total amount of reimbursement requested for equipment or prop	\$
Total amount of reimbursement requested for this application	\$