



PGFEMS TRAINING REQUEST FORM

Name: _____ Department: _____

Date(s) of Travel: _____ Destination: _____

Course Attended: _____

Registration/Tuition Fees: (Attach a copy of Registration form) \$ _____
 Check Request - Travel Advance
 Reimbursement

Transportation:
 Reimbursement Airline: _____ \$ _____
 Check Request - Ground County Vehicle (fuel) \$ _____
Travel Advance Travel: Personal Vehicle _____ miles* \$ _____
 Other (Describe) \$ _____

*At mileage reimbursement established by County Admin. _____

Lodging:
Hotel: _____ Single Room Rate : \$ _____
Number Nights _____ \$ _____
 Check Request - Travel Advance
 Reimbursement

Meals: (do not include if part of the registration fee or otherwise provided)
 Check Request - Breakfast _____ x _____ \$ -
Travel Advance Lunch _____ x _____ \$ -
Reimbursement Dinner _____ x _____ \$ - \$ -

Other Expenses: (Reimbursement for actual cost of receipts)
Other (describe): _____ \$ _____

TOTAL ESTIMATED COST: \$ -

This form along with the appropriate student registration form(s) must be submitted to training division two weeks prior to the "course registration deadline date" for approval. All members who fail to meet this requirement will be responsible for all fees associated with that course including lodging and meals if required. Members may then follow the reimbursement process after completing that course to attempt to recover funds spent associated with that course.

Volunteer: _____ Date: _____

Station Chief: _____ Date: _____

Director: _____ Date: _____