



**AMBULANCE FUND EMS TRAINING REIMBURSEMENT REQUEST**

**Information**

REQUESTING AGENCY: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Description of training reimbursement requested: \*\*(\$400.00 maximum per person)

- MFR                       EMT                       EMTS                       EMTP
- IC                               OTHER \_\_\_\_\_

Dates of Training: From: \_\_\_\_\_ To: \_\_\_\_\_

Individuals name \_\_\_\_\_

Cost of the program tuition only: \_\_\_\_\_  
(Reimbursement does not include course supplies, examination fees, or any other associated costs)

Is individual training a member of your fire department?

- Yes                                       No

If this request for reimbursement is approved, the individual must complete the training and obtain a state license. After licensure is obtained, the requesting agency will supply copies of the training bill along with proof of payment and a copy of the state license within one year of the completion of the class. Specifics of reimbursement are listed in the Ambulance Fund Policy and may change from time to time. Please check current policy.

\_\_\_\_\_  
*Fire Chief/Fire Administrator Signature      Date                                      Township Supervisor                                      Date*

**County Approval**

County Request No. \_\_\_\_\_ Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Was this request approved for reimbursement after obtaining the license?

- Yes                                       No

11-24-15