Sublimity Fire District

Training Request Form

Name:_____ Date:_____
Title of training requested: _____
Location of Training:_____
Date(s) of training: _____
Is or will this training be available locally at a lower cost? _____yes _____no

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Please COPY, COMPLETE and attach registration form for the training.
Indicate what financial assistance you are requesting and costs in the sections below.

☐ I am requesting the fire district reimburse me for the following expenses for this training.
☐ I am requesting the fire district advance me the following funds for this training.

THIS SECTION FOR TRAINING DIV ONLY

Registration cost(s) _____ $_____

Books _____ $_____

Lodging: Date of Check in _____ Date of Check out _____
Cost per night $_____ $_____

Meals
--Indicate if any and how many meals are included in registration
____Breakfast ____Lunch _____Dinner
--Indicate how many meals requiring financial assistance
_____Breakfast at $ 7 each_____ $_____
_____Lunch at $ 10 each_____ $_____
_____Dinner at $ 13 each_____ $_____

Travel
☐ --PERSONAL VEHICLE
Miles to location of training _____
**If over 25 miles one way, the district will pay mileage at 32 cents/mile.*
This will be calculated by Training Div and included in your advance or reimbursement.
☐ --DISTRICT VEHICLE _____
☐ --AIRLINE _____ Cost round trip $_____ $_____
☐ --RAIL LINE _____ Cost round trip $_____ $_____
☐ --BUS LINE _____Cost round trip $_____ $_____

I understand and acknowledge that I will be responsible for any and all expenses that cannot be refunded in the event I cancel, miss or fail this training.

_____ _____
Signature Date

APPROVALS

Company Captain _____ Yes____ No ___

Fire Chief _____ Yes____ No ___

TOTAL COST

$_____