



## Jackson Hole Fire/EMS Continuing Education Request for Reimbursement Form



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Station: \_\_\_\_\_

*Attach Completed Continuing Education Form.*

**ASSISTANCE REQUESTED:**

**ASSISTANCE GRANTED:**  
(This will be filled out by Training BC)

Registration      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Lodging      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Meals \$30.00 per day (only if multiple days)      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Travel 58¢ per mile not to exceed air fare      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Other (explain)      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**TOTAL**      \$ \_\_\_\_\_      \$ \_\_\_\_\_

I understand that all funds used for continuing education must be accounted for. I am expected to remain an active member of Jackson Hole Fire/EMS at least 6 months after the completion of the educational experience or I must repay the assistance provided\*. *I may be asked to present at a future training on important issues I learned.* Registration will be paid on approval and I will be reimbursed for the remainder on return after supplying Jackson Hole Fire/EMS with receipts. By signing, I agree to adhere to the above statements.

JHFEMS Member Signature: \_\_\_\_\_

Captain/Batt. Chief Signature: \_\_\_\_\_

*\*Additional requirements for students enrolled in the Paramedic Program.*

*Office Use Only*

Approved:  Yes  No

***Battalion Chief of Training Signature***

***Approved with the following condition(s):***

***Reason(s) for Denial:***