



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

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

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

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

*Attach Completed Continuing Education Application Form.*

### **ASSISTANCE REQUESTED:**

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

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

\$ \_\_\_\_\_

Lodging GSA Rate \$ \_\_\_\_\_

\$ \_\_\_\_\_

Meals GSA Rate (only if multiple days) \$ \_\_\_\_\_

\$ \_\_\_\_\_

Travel IRS Rate/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:***