AGENCY NAME		**FEID #**	
TEAM #		**Address**	
COURSE		**City, State Zip**	

Address assigned to FEID must be included

NAME	CAUSE OF REIMBURSEMENT	REQUESTED DATE OF REIMBURSEMENT	RATE	# OF HOURS	TOTAL
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

TOTAL REIMBURSEMENT $0.00

Authorized Signature: _____ **Printed Name:** _____

For all training workshops and conferences make sure name, dates, type and location of training are provided

Submit all sign-in sheets or rosters along with a description of course details

Submit invoices for all costs

Requests for backfill and overtime must be accompanied by proof of payment to the payee and timesheets indicating the extra hours worked