



TRAINING REIMBURSEMENT REQUEST

KSFFA SAFER
AWARD

To request reimbursement for Training please complete this form and enclose all required documents listed below. Send the completed packet to: vicki@volunteerfirefighter.org

Volunteer Information:

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Gender: _____ Birthdate: _____ Hire Date: _____

KSFFA Member- Yes _____ No _____

The KSFFA SAFER Grant will reimburse EMT, FF1, and FF2 training expenses including travel to attend training and meals in exchange for a 2-year commitment to a recognized Volunteer or combination fire Department in Kansas. We will reimburse Volunteer Firefighters who successfully complete an approved KSFFA Fire Academy up to \$2,500 each. We will reimburse either the individual or the department for these expenses.

Funds that You Are Requesting:

Amount Total

Training \$ _____

Travel/Milage & Meals (per diem) \$ _____

Hotel \$ _____

Total Amount Requested for this Volunteer: \$ _____

Volunteer Firefighter 2 Year Commitment:

I am committing 2 years of service to the Sponsoring Department/Agency

Signature of Volunteer: _____



TRAINING REIMBURSEMENT REQUEST

KSFFA SAFER
AWARD

GSA Links

Hotel/ Lodging: <https://www.gsa.gov>

Mileage Rate: .70 per mile for personal vehicle or .21 per mile for government vehicle. [Privately owned vehicle \(POV\) mileage reimbursement rates | GSA](#)

Please Make Check Payable to: _____

Mailing Address: _____

City, State, Zip: _____

Training, Include required documents with this form prior to submitting.

- A copy of an invoice for the coursework that includes the description of the course enrolled and the firefighter that attended.
- Proof of payment for the training attending (cancelled check or bank statement showing withdraw of funds to the vendor).
- Certificate of completion
- Map with starting and ending point if submitting for milage.
- Hotel/ Lodging Receipt

Fire Chief Authorization:

By signing below, I confirm that the Volunteer listed above is an active member and is in good standing with my department.

Full Name of Fire Chief: (Please Print) _____

Department: _____

Signature of Chief: _____

Fire Chief Phone Number: (_____) _____

Number of Active Volunteers in Your Department: _____