



## 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](mailto: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: \_\_\_\_\_



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### **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 mileage.
- ☐ 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: \_\_\_\_\_