FIREFIGHTER TRAINING REIMBURSEMENT FORM

NEAFC SAFER Grant Program: 12/23/2025 - 12/22/2029

To request reimbursement for Training, please complete this form and enclose all required documentation. Please send the completed packet and any inquiries to Sarah Perez: sarah@volunteerfirefighter.org / 855-VOL-FIRE

Volunteer Information:

Full Name:_____ Hire Date:_____

DOB:_____ Gender:_____

Department Information:

Department:_____

Chief Name:_____

Email:_____ Phone:_____

Volunteer Commitment:

Through the SAFER grant, reimbursement is available for First Responder, EMT, FF1, and FF2 training expenses, including costs for travel, meals, lodging, and course fees for attending the training. Reimbursement is contingent on **a two-year commitment** to a recognized volunteer or combination fire department in the States of Connecticut, New Hampshire, Maine, Massachusetts, and Vermont.

I am committing two (2) years of service to the Sponsoring Department/Agency:

Signature of Volunteer:_____

GSA Links:

Lodging/Meals & Incidental Expenses (M&IE): Per Diem Rates | GSA

Mileage Rate: $0.76 per mile for a privately owned vehicle (POV Mileage Reimbursement Rates | GSA) or $0.235 per mile for a government-owned vehicle.

FIREFIGHTER TRAINING REIMBURSEMENT FORM

NEAFC SAFER Grant Program: 12/23/2025 - 12/22/2029

Requested Funds:	**Total Amount**
Training	$_____
Travel/Mileage	$_____
Lodging + M&IE (Per Diem)	$_____
Total Amount Requested for this Volunteer:	$_____

Note: Eligible expenses, up to $2,500, incurred between 12/23/2025 and 12/22/2029, can be reimbursed to either the individual or the department.

Please Make Check Payable to:_____

Mailing Address:_____

City, State, Zip:_____

Required Documents for Training Reimbursement:

- ☐ A copy of an invoice for the enrolled coursework with the Volunteer's name referenced that includes a description of the course.
- ☐ Proof of payment for the training with Volunteer's name referenced (i.e. credit card receipt, copy of the cancelled check, or bank statement).
- ☐ Certificate of completion.
- ☐ Lodging/hotel receipt.
- ☐ If submitting mileage, provide a map with your trip start and end.

Fire Chief Authorization:

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

Signature of Chief:_____