



# FIREFIGHTER TRAINING REIMBURSEMENT FORM

RI AFC SAFER Grant Program: 12/2/2024 - 12/1/2028

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To request reimbursement for Training, please complete this form and enclose all required documentation. Please send the completed packet and any inquiries to Aletia Flaherty: [aletia@volunteerfirefighter.org](mailto:aletia@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, and FF1 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 State of Rhode Island.

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

Signature of Volunteer: \_\_\_\_\_

### GSA Links:

Lodging/Meals & Incidental Expenses (M&IE): [FY 2026 Per Diem Rates for RI | GSA](#)

Mileage Rate: \$0.725 per mile for a privately owned vehicle ([FY 2026 POV Mileage Reimbursement Rates | GSA](#)) or \$0.205 per mile for a government-owned vehicle.



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

*Note: Eligible expenses, up to \$2,500 per new recruit, incurred between 12/2/2024 and 12/1/2028, 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: \_\_\_\_\_