



SAFER Grant Training Expense Reimbursement

WestCoFire3

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

Volunteer Information:

First Name: _____ Last Name: _____

Gender: _____ Birthdate: _____ Hire Date: _____

Department Information:

Department: _____

Name of Chief: _____

Phone Number: _____ Email: _____

Number of Active Volunteers in Your Department: _____

Volunteer Firefighter 2 Year Commitment:

Through the SAFER Grant, reimbursement is available for Essentials, Firefighter 1 (FF1), and Firefighter 2 (FF2) training expenses. This includes costs for travel, meals, lodging, and course fees for attending the training. Reimbursement is contingent upon a 2-year commitment to a recognized volunteer fire department in Westmoreland County.

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

Signature of Volunteer: _____

GSA Links:

Hotel/ Lodging: [FY 2025 Per Diem Rates for PA | GSA](#)

Milage Rate: .67 per mile for personal vehicle or .21 per mile for government vehicle.

[Privately owned vehicle \(POV\) mileage reimbursement rates | GSA](#)



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Requested Funds:

Amount Total

Training	\$ _____
Travel/Milage & Meals (per diem)	\$ _____
Hotel	\$ _____
Total Amount Requested for this Volunteer:	\$ _____

Eligible expenses, up to \$1,000.00, incurred between 12/22/2024 and 12/21/2028, can be reimbursed to either the individual or the department.

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 in and the firefighter that attended.
- Proof of payment for the training (cancelled check, credit card receipt or bank statement showing withdraw of funds to the vendor).
- Certificate of completion
- Map with starting and ending points 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.

Fire Chief Signature: _____