



## Jackson Hole Fire/EMS Continuing Education Request for Reimbursement Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Station: \_\_\_\_\_

*Attach Completed Continuing Education Form.*

**ASSISTANCE REQUESTED:**

**ASSISTANCE GRANTED:**  
(This will be filled out by Training BC)

Registration \$ \_\_\_\_\_

\$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

\$ \_\_\_\_\_

Meals \$30.00 per day for days of meeting \$ \_\_\_\_\_

\$ \_\_\_\_\_

Travel 55.5¢ per mile not to exceed air fare \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other (explain) \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

\$ \_\_\_\_\_

I understand that all funds used for continuing education must be accounted for. I am expected to remain an active member of Jackson Hole Fire/EMS at least 6 months after the completion of the educational experience or I must repay the assistance provided\*. *I may be asked to present at a future training on important issues I learned.* Registration will be paid on approval and I will be reimbursed for the remainder on return after supplying Jackson Hole Fire/EMS with receipts. By signing, I agree to adhere to the above statements.

JHFEMS Member Signature: \_\_\_\_\_

Station/Shift Officer Signature: \_\_\_\_\_

*\*Additional requirements for students enrolled in the Paramedic Program.*

*Office Use Only*

Approved:  Yes  No

Approved (Needed for Paid Ops Staff):  Yes  No

\_\_\_\_\_  
**Battalion Chief of Training Signature**

\_\_\_\_\_  
**Battalion Chief of EMS Signature**

**Approved with the following condition(s):**

**Reason(s) for Denial:**