

**TRAINING REIMBURSEMENT****APPLICATION FORM**

Member department(s) of the N.S.V.F.A. may complete a N.S.V.F.A. Training Reimbursement Application Form for up to \$500.00. This form documents a request by the member department(s) for N.S.V.F.A. funds to assist with expenditures of the herein described training event.

Application criteria for submittal and payment include:

1. The Training Reimbursement Form must be submitted 45 days prior to the training event to be considered for reimbursement.
2. If a Mutual Aid Association is requesting reimbursement, 75% of the Mutual Aid's member departments must be NSVFA members.
3. Submit a Program Flyer or Course Description with this form.
4. Upon approval of funding, the hosting group's advertisement and brochures for the training event need to exhibit "Sponsorship by the NSVFA" and as available, the NSVFA will furnish the hosting group a banner to be displayed at the training event.
5. Upon completion, submit a roster of names of class participants.
6. Upon completion, submit receipts describing monies spent.

Please print the following information:

Date of application: _____

Individual Completing application: _____ Phone #: _____

Affiliation: (Department, Mutual Aid): _____

(Address) (City) (Zip Code)

(Training/Conference Title) (Start Date) (End Date)

List Expenses: _____ Cost: _____

TOTAL EXPENSES: _____

(Signature of Individual Completing Application) (Phone #)

Mail completed application to address listed below:

Nebraska State Volunteer Firefighters Association
P O Box 101, York, Nebraska 68467-0101
Telephone: Toll Free (800) 642-6024 D/D(402) 362-2255 Fax: (402) 362-2266
Email: nsvfa@windstream.net Web: nsvfa.org



For Office Use Only

Date Application Received: _____

Application Approval: _____

(Date Approved by E Brd)

(Amount Approved)

Receipts: _____

(Date Receipts Rec'd)

(Date Paid)

(Amnt Paid)

(Check #)