

Individual Training Expense Reimbursement Form

This form should be filled out by each **Individual** and submitted with a copy of the certificate from training and lodging receipts. Rates can be found at: <http://www.gsa.gov/> First & Last day of travel @ 75%

COURSE NAME: _____	COURSE NUMBER: _____
Location: _____	INCLUSIVE DATES: _____ thru _____

Tuition: _____ Include the receipt if cost of class is paid by the individual. If it was paid by the VFD, leave blank.

Personnel Information:

I certify, under penalty of perjury, that this claim and the items included therein for payment are correct in all respects.

Name: _____

St./Box: _____

City: _____ **State:** _____ **Zip:** _____

Signature Date

Mode of Travel: **County vehicle:** **POV vehicle:**

Fuel purchased (County) _____ + _____ = _____

of Miles (POV) _____ X 0.50 = _____

Date	FROM:	TO:	Max Lodge Rate	Actual Lodge Rate w/ Tax	State M&IE Rate	Deductible Meals ³ (ONLY input amounts for Meals Provided by Incident)			Total Daily Allowance
						B	L	D	
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -

Total Reimbursement:

Do not deduct meals on First or Last day of travel

NOTES:



