

## Greensburg Volunteer Fireman Relief Association (RA)

### Training & Overnight Travel Expenses (1/20/21)

#### Training Expenses

The RA may pay the tuition and/or registration fees for any approved training upon successful completion of the class. The following documentation must be submitted for payment. If any of the following documentation is missing or incomplete, the RA will not pay for the training.

- A. **“Request to Attend Training”** form. This form is available on the Department’s website: GBGFIRE.com. This form must be completed prior to registering for the training class and signed by the fire chief. It is not necessary to submit this form to the RA prior to attending the training class. Retain this form until successful completion of the training class and submit it with the other documentation outlined in B and C for payment. An example of the form is shown as Exhibit 1.
- B. Invoice for the training class(es). The invoice must itemize the cost of the training class(es). A statement listing the total balance due without an itemized cost of each training class is not acceptable. An example of a proper invoice is shown as Exhibit 2.
  - a. **NOTE:** If the member or company is requesting reimbursement for the payment of the training class, proof of payment must be submitted such as a credit card receipt/statement or cancelled check.
- C. A copy of the certificate of completion. An example is shown as Exhibit 3.

#### Reimbursement of Overnight Travel Expenses - Training

The RA may reimburse members for any travel expenses incurred while attending an approved training class requiring overnight travel. Overnight travel is defined as any training site outside a 100-mile radius of the City of Greensburg or the member’s home. The fire chief must approve any overnight travel. An estimate of the travel expenses must be itemized on the “Request to Attend Training” form.

The RA will not reimburse any members for any travel expenses related to “Local” training. “Local” training is any training site within a 100-mile radius of the City of Greensburg or the member’s home. The utility truck should be used for “Local” training upon approval of the Company Captain.

The following travel expenses will be reimbursed for overnight travel:

- A. Lodging -Maximum rate of \$125/day excluding tax.
- B. Meals - A maximum of \$45 per day (including tax & tips). The RA will not reimburse for alcohol.
- C. Personal Mileage – RA will pay a one-way fuel receipt x 2.
- D. Airfare.
- E. Rental Car.
- F. Tolls & Parking.

All allowable overnight travel expenses must be submitted on an “Expense Reimbursement” form. An example is shown as Exhibit 4. All travel receipts must be attached to the reimbursement form. A member will not be reimbursed for any missing receipts.



# Greensburg Volunteer Fire Department Request to Attend Training



**\*All persons requesting to attend training must submit this request (fully completed) at least 30 days prior to training to receive approval from the proper entity. Failure to comply may result in lack of Reimbursement.\***

Date is a DATE  
Prior to Registration

Name Firefighter Name Company # ## Date Submitted \_\_\_\_\_

Name of Training Westmoreland Country Community College - PSTC (Public Safety Training Center)

Location of Training (City/State) Smithton, PA

Date(s) of Training 1-27-20 #2178/1-17-20 #3700 Total Number of Days Involved NA - Local Training

Approximate Costs: Meals\* \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_

*ONLY REGISTRATION/Course Fee is REIMBURSABLE for LOCAL TRAINING*

Lodging \$ \_\_\_\_\_ Registration Fee \$ 135.00

*Local Training 100 mi Radius*

Miscellaneous \$ \_\_\_\_\_ EST. TOTAL COST \$ 135.00

*\* Maximum Meal reimbursement is \$45.00 per day*

Firefighting Values to be gained by you attending this training: \_\_\_\_\_

Introduction to the Fire Service & Fire Ground Support

## IF YOU DO NOT COMPLETE THIS FORM - YOU WILL NOT BE REIMBURSED

Would you be willing to share the knowledge gained at this training during a Department Drill?  Yes  No

Have you received approval to attend training in the past 2 years?  Yes  No

Does the Department need to send payment or registration fee prior to training?  Yes  No

*If yes*, how much? \$ \_\_\_\_\_ Check payable to: Firefighter Name

Address where payment is to be mailed: Firefighter's Home Address

**\*All persons attending training must return ALL receipts to the proper entity no later than 20 days after returning from training.\***

\_\_\_\_\_ **Board of Control** or  **Relief Association**

### Terms and Conditions of payment:

Approved *Request to Attend Training* paperwork and Certification of completion of said training must accompany this paperwork when submitting for payment. Anyone attending training MUST complete the entire course or they must reimburse the Board of Control or Relief Association for expenses incurred toward their training. Failure to meet ALL of these terms by ANY firefighter may result in suspension, failure to attend future training, revocation of equipment, or render firefighter ineligible for Department activities and compensations.

Joe Firefighter

Signature of Firefighter

DATE PRIOR TO REGISTRATION

Date Signed

R. H. Dell

Signature of Fire Chief

DATE PRIOR TO REGISTRATION

Date Signed

Exhibit 2



145 Pavilion Lane, Youngwood, PA 15697-1898  
724-925-4000

"STATEMENT OF ACCOUNT"

STATEMENT OF ACCOUNT

PAGE

1

STUDENT ID NUMBER: ~~XXXXXXXX~~

NAME: ~~XXXXXXXXXX~~ Firefighter Name

STATEMENT DATE

10/26/20

~~XXXXXXXXXX~~ Name  
~~XXXXXXXXXX~~ Street Address  
Greensburg, PA 15601

BALANCE DUE 135.00

Credit Card Authorization On Back  
Please Return This Portion With Your Payment

Statement of Account for the 20/SG term. Please pay balance due immediately. Thank you!

DATE	TERM	DESCRIPTION	CHARGES	CREDITS
01/27/20	20/SG	Registration - PPRX_2178 Con Ed Tuition	100.00	
02/17/20	20/SG	Registration - PPRX_3700 Con Ed Tuition	35.00	

The Course Description (PPRX 2178 & PPRX 3700) are listed as line items. Both the Course Description and the Course ID must be on the Statement of Account. That must be submitted for reimbursement

BALANCE DUE 135.00

This statement does not include payments received after 10/26/20



**Public Safety Training Center**

and the Pennsylvania State Fire Academy

**Certificate of Training**

This certifies that



has successfully completed a state-accredited training course consisting of 32 hours of instruction in

**Fire Ground Support (EL-14 ELFG)**

**February 27, 2020**

*Shirley Steiner*  
President  
Westmoreland County Community College

*M. J. [Signature]*  
Director  
Public Safety Training Center

*Chae Lago*  
State Fire Commissioner

20SG PPRX 2178 F02

Appropriate Course No. on Certificate



Public Safety Training Center

and the Pennsylvania State Fire Academy

Certificate of Training

This certifies that



has successfully completed a state-accredited training course consisting of 16 hours of instruction in

Introduction to the Fire Service (EL14-ELIS)

January 30, 2020

*David S. Stashley*  
President  
Westmoreland County Community College

*M. M. [Signature]*  
Director  
Public Safety Training Center

*Steve Deigo*  
State Fire Commissioner

205G PPRX-3700 FDJ

Appropriate Course No. on Certificate

# Greensburg Volunteer Fire Department

## Expense Reimbursement Form

**\*All persons attending training must return ALL receipts to the proper entity no later than 20 days after returning from training.\***



Name \_\_\_\_\_ Company # \_\_\_\_\_ Home Address \_\_\_\_\_

Event \_\_\_\_\_ Held at \_\_\_\_\_

This form to be used on Overnight Training **Travel Expenses for Training Outside of Greensburg**

Date	Fares Type & Explanation	Lodging	Gas	Meals Max \$45.00 per Day	Miscellaneous Expenses (explain fully)	Total
<b>ATTACH RECEIPTS</b> – (Receipts are required for meals, lodging, gas, parking, turnpike, plane, etc.)						<b>Grand Total</b>

***"This report is a correct statement of my expenses for the time period covered."***

Signature: \_\_\_\_\_ Total Travel Expenses Requested \$ \_\_\_\_\_

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

Approved by: \_\_\_\_\_ Less Advance Received \$ \_\_\_\_\_

Date: \_\_\_\_\_ Total Amount Paid \$ \_\_\_\_\_

\_\_\_\_\_ **Board of Control** or \_\_\_\_\_ **Relief Association**

**Terms and Conditions of payment:**

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