REENSBURG GREENSBURG FIRE DEPARTMENT GREENSBURG PA	<b>Request t</b> I persons requestints is request (fully con- raining to receive of	t <b>o Attend</b> ng to attend t mpleted) at le approval from	<b>Training</b> Training must submit teast 45 days prior to the proper entity. k of Reimbursement.*
Name		Company #	Date Submitted
Name of Training			
Location of Training (C	ity/State)		
Date(s) of Training Total Number of Days Invo		mber of Days Involved	
Approximate Costs:	Meals* \$		Gas \$
	Lodging \$		Registration Fee \$
	Miscellaneous \$		EST. TOTAL COST \$
* Maximum Meal reimbursem			
Firefighting Values to be g	ained by you attending thi	s training:	
Would you be willing to sh	are the knowledge gained	d at this training du	ring a Department Drill? Yes No
Have you received approv	al to attend training in the	past 2 years?	YesNo
Does the Department nee	d to send payment or regi	stration fee prior t	o training? Yes No
<i>If yes,</i> how much? \$	Check payab	le to:	
Address where payment is	s to be mailed:		
-	•	•	n ALL receipts to the proper urning from training.*
	_ Board of Control	or	Relief Association
this paperwork when they must reimburs Failure to meet ALL o	<i>ttend Training</i> paperwork submitting for payment. e the Board of Control or f these terms by ANY firefi	Anyone attending Relief Association ghter may result ir	<b>yment</b> : of completion of said training must accompany training MUST complete the entire course or for expenses incurred toward their training. a suspension, failure to attend future training, epartment activities and compensations.

Signature of Firefighter

Date Signed