

Creston Rural Fire District

4498 Montana 35
Kalispell, Montana 59901

TRAINING / TRAVEL REIMBURSEMENT REQUEST:

NAME: _____

TRAINING OR MEETING LOCATION: _____

TRAINING OR MEETING DATE(S) _____

TRAINING OR MEETING TOPIC: _____

Attach copy of Class Schedule

EXPENSES:

Reimbursement rates:

Breakfast: \$7.50

Lunch: \$8.50

Dinner: \$14.50

Mileage: current allowable

Lodging: Actual expense

MEALS: _____

MILEAGE: _____ miles @ \$.26/mile = _____

REGISTRATION: _____

LODGING: _____

OTHER: _____

TOTAL: \$ _____

(Attach lodging receipt tuition receipt and class certificate as applicable)

WHAT DID YOU LEARN? _____

What is the BENEFIT TO CFD? _____

Member's Signature

Date: _____

Approved By

Date: _____