

TOLLAND FIRE DEPARTMENT

Request to Attend Training Classes

Name: _____ Date _____

Address: _____

Join Date: _____

<i>Training Requested:</i>	
<i>Location:</i>	
<i>Date(s):</i>	
<i>Cost of Class:</i>	
<i>List Additional Costs:</i>	

- I will pay upfront for classes and materials and will seek reimbursement once the certificate is earned.
- I understand that I must submit receipts to the Administrative Office at the time of purchase.
- I request the Department pay upfront for classes and materials.
- I waive reimbursement privileges and will not seek reimbursement for this training.

Signature of Applicant: _____

Officer Recommending this Training: _____

PRINT

SIGNATURE

Please Do Not Write Below This Line

For Office Use Only

<i>Cost of Class:</i>		<i>Date Request Received:</i> _____
		<i>Charge Account:</i> 17100072 17500072 <i>Other:</i> _____
		<i>Charge Line Item:</i> 722800 <i>Other:</i> _____
<i>Additional Fees:</i>		<i>Chief's Approval:</i> _____
<i>Total PO Needed:</i>		<i>Date PO Entered:</i> _____