

**Sugarloaf Fire Protection District
Funding Request for Non-Department Training**

Name: _____ Date: _____

I would like to attend the following training and request that SLFPD pay for said training:

Training Title: _____

Offered by: _____

Date(s) of Training: _____

Registration Deadline: _____

Cost of Training: _____

Other expenses to be paid by SLFPD (travel, food, lodging): _____

Total Amount Requested: _____ Date Payment is Due: _____

Make Check Payable to: _____

Payee Address: _____

How will SLFPD benefit from you attending this training?

Dept. Status: EMR EMT FF Trainee Length of Service: _____

SLFPD in-house training hours last quarter: _____ Total Available: _____

SLFPD call percentage last quarter: _____ YTD Calls: _____

Member Signature

Date

FOR TRAINING DEPARTMENT USE ONLY

Approved: YES NO Amount Approved: \$ _____

Approved By: _____ Date: _____

Comment: _____