

**Minnesota Board of Firefighter Training and Education
Railroad and Pipeline Safety
Request for Reimbursement Form**

Name: _____
Agency: _____
Title/Position: _____
Street Address: _____
City, State, Zip: _____

Agencies must complete to receive the reimbursement award:

I certify that the items for which this reimbursement request is made in the total amount of \$_____ has been paid for by the municipality on behalf of the _____ Fire/Police/EMS Departments, Public Works or other Public Safety Officials associated with the municipality. There were no federal grant or other grant dollars used to pay for the training in which we are seeking reimbursement from the Minnesota Board of Firefighter Training and Education.

This Request for Reimbursement applies only to authorized Railroad and Pipeline Safety Familiarization Training approved by the MN Department of Public Safety / Homeland Security and Emergency Management.

Remember to include the following documents (if applicable):

- Documentation of usual and customary wages, backfill and overtime expenses affiliated with this training (if applicable)
- Agency roster or verification of employment with municipality for attendees
- Copy of invoice(s) associated with this training
- Please confirm your Federal Tax ID number is correct (if not shown, please provide)

Your agency's Request for Rail and Pipeline Safety Training Reimbursement Form and copies of all associated documents must be submitted by August 1, 2018.

Federal Tax Identification Number: _____

State Vendor Number: _____

Signature of Municipality Finance Director/Clerk/Treasurer: _____

Title: _____

Date: _____ Contact phone # _____

Send request to: MBFTE, 445 Minnesota Street, Suite 146, Saint Paul, MN 55101

To be completed by MN Board of Firefighter Training and Education (MBFTE)

MBFTE Executive Director's Signature: _____

Award Amount paid: \$_____ Date: _____