

**Minnesota Board of Firefighter Training and Education
Live Burn Request for Reimbursement Form**

Name:
Fire Department:
Title/Position:
Street Address:
City, State, Zip:
Maximum Award Amount: \$1,500.00

Fire Departments must complete to receive the Live Burn Reimbursement Award:

I certify that the items for which this Live Burn Reimbursement Request is made in the amount of \$ _____ has been paid for by the municipality on behalf of the _____ Fire Department. 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.

NOTE: NFPA 1403 2012 Edition was followed and our department used MBFTE Qualified Live Burn Instructors.

Remember to include:

- Copy of Invoices
- Copy of Live Burn Plan and Applicable Documents
- Copy of Burn Permit
- Federal Tax Identification Number

Your Fire Department's Live Burn Final Request for Reimbursement Form and all invoices must be submitted by August 1, 2017

Note: MBFTE encourages fire departments to submit Live Burn requests for reimbursements throughout the 2017 fiscal year (July 1, 2016-June 30, 2017)

Federal Tax Identification 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

Fax: 651-215-0525 or Email: fire-training.board@state.mn.us

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

MBFTE Executive Director's Signature:

Award Amount Paid: \$

Date: