

FY18 Provider Payment Form

Each training provider shall provide the following information to the MBFTE:

Training Provider: _____

Address: _____

City _____ State _____ Zip Code _____

Contact Name: _____ Contact Phone _____

Federal Tax ID# _____ State Vendor # _____

NFPA 1001 Course start date: _____ End date: _____

Course Location: _____

Course Lead Instructor: _____ # of students: _____

Remember to include:

- Copy of student roster
- Course Invoice
- Student Attendance Document for each student being reimbursed
- Federal Tax ID # & State Vendor #
- Have you entered the student information on the MBFTE/MFSCB shared database?
- Have you loaded the signed student attendance documents into the database?

Note: The Firefighter 1 and Firefighter 2 Certification testing fee will not be the responsibility of the Training Provider. The Minnesota Fire Service Certification Board will invoice the MBFTE and the departments directly for the cost of the certification tests.

Upload your invoice to: www.mbfte.org Login under "Provider Login"

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

MBFTE Executive Director's Signature: _____

Invoice Amount paid: \$ _____ Date: _____