



AMBULANCE FUND EMS TRAINING REIMBURSEMENT REQUEST

Information					
REQUESTING AGENCY:	Maple Ridge Fire Dep	artment			
Mailing Address:	6010 Lacomb Rd				
Phone:	989-884-2893				
Email:	pricej102712@gmail.c	com			
Fax:					
Description of training	g reimbursement requested	[00 maximum p] EMTS	er person)	
Dates of Training: Fr			To:	July 2020	
Individuals name Erin Riopelle					
Cost of the program tuition only: \$400.00 (Reimbursement does not include course supplies, examination fees, or any other associated costs)					
Is individual training a member of your fire department?					
X Yes			No		
If this request for reimbursement is approved, the individual must complete the training and obtain a state license. After licensure is obtained, the requesting agency will supply copies of the training bill along with proof of payment and a copy of the state license within one year of the completion of the class. Specifics of reimbursement are listed in the Ambulance Fund Policy and may change from time to time. Please check current policy. <i>A</i> - <i>D</i>					
County Approval					
	Date Received: proved for reimbursement af				

11-24-15

Alpena County



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Mailing Address:	6010 Lacomb Rd			
Phone:	989-884-2893			
Email:	pricej102712@gmail.com			
Fax:				
Description of training MFR IC	g reimbursement requested: **(\$400.00 maximum per person) EMT EMTS EMTP OTHER			
Dates of Training: Fr	To: July 2020			
Individuals name Melissa Hoskinson				
Cost of the program tuition only: \$400.00 (Reimbursement does not include course supplies, examination fees, or any other associated costs)				
Is individual training a member of your fire department?				
X Yes	□ No			
If this request for reimbursement is approved, the individual must complete the training and obtain a state license. After licensure is obtained, the requesting agency will supply copies of the training bill along with proof of payment and a copy of the state license within one year of the completion of the class. Specifics of reimbursement are listed in the Ambulance Fund Policy and may change from time to time. Please check current policy. <i>Fije Chief/Fire Administrator Signature Date Date Township Supervisor Date</i>				
County Approval				
	Date Received: Initials:			
Yes	□ No			

☐ Yes 11-24-15



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Mailing Address:	6010 Lacomb Rd			
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Email:	pricej102712@gmail.com			
Fax:				
-	g reimbursement requested: **(\$400.00 maximum per person)			
MFR				
	OTHER			
Dates of Training: Fr	om: May 2020 To: July 2020			
Individuals name Mike Mousseau				
Cost of the program t (Reimbursement doe	uition only: \$400.00 s not include course supplies, examination fees, or any other associated costs)			
Is individual training a	a member of your fire department?			
X Yes	□ No			
If this request for reimbursement is approved, the individual must complete the training and obtain a state license. After licensure is obtained, the requesting agency will supply copies of the training bill along with proof of payment and a copy of the state license within one year of the completion of the class. Specifics of reimbursement are listed in the Ambulance Fund Policy and may change from time to time. Please check current policy. $f \cdot 24 - 21$ Fre Chief/Fire Administrator Signature Date				
County Approval				
	Date Received: Initials:			
Was this request approved for reimbursement after obtaining the license?				
Yes	□ No			

11-24-15

Alpena County



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REQUESTING AGENCY:	Maple Ridge Fire Department				
Mailing Address:	6010 Lacomb Rd				
Phone:	989-884-2893				
Email:	pricej102712@gmail.com				
Fax:					
Description of training reimbursement requested: **(\$400.00 maximum per person)					
MFR	EMT EMTS EMTP				
	OTHER				
Dates of Training: Fr	To: July 2020				
Individuals name Edward Hoskinson					
Cost of the program tuition only: \$400.00 (Reimbursement does not include course supplies, examination fees, or any other associated costs)					
Is individual training a member of your fire department?					
X Yes	□ No				
If this request for reimbursement is approved, the individual must complete the training and obtain a state license. After licensure is obtained, the requesting agency will supply copies of the training bill along with proof of payment and a copy of the state license within one year of the completion of the class. Specifics of reimbursement are listed in the Ambulance Fund Policy and may change from time to time. Please check current policy.					
tip	ator Signature Date Date Date Date				
Fire Chief/Fire Administr	ator Signature Date Township Supervisor Date				
County Approval					
County Request No.	Date Received: Initials:				
Was this request approved for reimbursement after obtaining the license?					
☐ Yes 11-24-15					