



Alpena County

AMBULANCE FUND EMS TRAINING REIMBURSEMENT REQUEST

Information

REQUESTING AGENCY: Wilson Township Fire & Rescue
Mailing Address: 3746 King Settlement Road, Alpena 49707
Phone: 989-464-2457
Email: Wilson.fire@gmail.com
Fax: _____

Description of training reimbursement requested: **(\$400.00 maximum per person)

☐ MFR ☒ EMT ☐ EMTS ☐ EMTP
☐ IC ☐ OTHER _____

Dates of Training: From: February 7, 2022 To: June 18, 2022

Individuals name Jacob Trelfa

Cost of the program tuition only: \$850.00
(Reimbursement does not include course supplies, examination fees, or any other associated costs)

Is individual training a member of your fire department?

☒ 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.

Gilbert LaCrosse [Signature] 3-8-22
Fire Chief/Fire Administrator Signature Date Township Supervisor Date

County Approval

County Request No. _____ Date Received: _____ Initials: _____

Was this request approved for reimbursement after obtaining the license?

☐ Yes ☐ No

11-24-15