



Alpena County

AMBULANCE FUND EMS TRAINING REIMBURSEMENT REQUEST

Information

REQUESTING
AGENCY:

SANBORN TWP. FIRE DEPARTMENT

Mailing Address:

12124 BYRNES STREET, OSSINEKE, MI 49766

Phone:

(989) 657-5515

Email:

dhart56@frontier.com

Fax:

(989) 471-2775

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

☒ MFR

☐ EMT

☐ EMTS

☐ EMTP

☐ IC

☐ OTHER _____

Dates of Training: From:

AUG 2021

To:

OCT 2021

Individuals name

NICHOLAS GALBECK

Cost of the program tuition only:

\$500.00 (\$600.00 WITH BOOKS)

(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.

Dee K Hunt

9-26-21

Fire Chief/Fire Administrator Signature

Date

Kenneth D. Heather

Township Supervisor

9-26-21

Date

County Approval

County Request No. _____

Date Received: _____

Initials: _____

Was this request approved for reimbursement after obtaining the license?



Yes



No

11-24-15