

KANSAS STATE FIREFIGHTER'S ASSOCIATION, INC.

APPLICATION FOR REGISTRATION FEE REIMBURSEMENT

The undersigned hereby makes application for reimbursement of registration fees of \$_____ to the following educational class: (maximum reimbursement is \$100 per person & limited to one time per year)

Course Name: _____

Class Sponsor: _____

Date of Class: _____ Hours Attended: _____

This class benefitted my department in the following manner:

I hereby certify, under penalties of perjury, that:

1. I am a member of a Kansas fire department (listed below) which was a member of the Kansas State Firefighters Association on the date that the above class was taken.
2. I have not and will not seek reimbursement for the above reimbursed fee from my department or any other agency, entity or person.
3. I certify that I attended the above class and have attached a copy of the certificate of attendance.
4. I understand that there is no guarantee of reimbursement, that this is only an application, and that reimbursement is conditioned upon many factors, including the availability of funding.

Applicant

Date

Address of applicant

APPROVAL: _____(Fire Department/District Name)

Chief of Department

Date

(or Chief's designate on file with KSFFA)

MEMBERSHIP VERIFIED: _____ Date _____

KSFFA Secretary

REQUEST APPROVAL: _____ Date _____

KSFFA President