

EMS Regional Member Request for Reimbursement Form

A. To be completed by Member:

Member Entity: _____

Reimbursement amount requested: \$ _____

Member Entity Contact: _____ Title: _____

Email: _____ Phone: (____) ____ - _____

By signing, we are acknowledging no other Emergency Medical Service Association funding, federal grant funding, or other reimbursement dollars were used to pay for the amount in which we are seeking reimbursement from the Minnesota Board of Firefighter Training and Education (MBFTE).

Member Entity Signature: _____

B. Instructor must complete and return this form to receive the reimbursement:

Vendor (Business Name): _____

Instructor Name (Please Print): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: (____) ____ - _____

Vendor Federal Tax Identification Number: _____

Vendor's State Vendor Number: _____

Training Invoice Amount: \$ _____

Request for Reimbursement Form(s), copies of all invoices, and attendance rosters must be submitted by August 1, 2020 to Sourcewell (community@sourcewell-mn.gov). Note: Sourcewell and MBFTE encourages EMS vendors to submit their requests for reimbursements throughout the State's fiscal year (July 1-June 30).

C. To be completed by Sourcewell:

Approved reimbursement amount: \$ _____

Sourcewell Signature: _____

Name: _____ Title: _____

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

Award Amount Paid: \$ _____ Invoice Number: _____

MBFTE Executive Director's Signature: _____ Date: _____

Revised 05/2020