

INVOICE No. _____

**Rhode Island Fire Academy
Course Reimbursement Information**

INSTRUCTOR INFORMATION

Name PO No.

Address Home Phone

City State Zip Code Business Phone

COURSE INFORMATION

Course Title	Date	Location (Hosting Dept)	Begin / End	Hours
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____

“I certify for the above time period I was not on Fire department duty, Sick Leave, Administrative Leave, nor Injured on Duty Leave.”

TOTAL HOURS: _____

INSTRUCTOR'S SIGNATURE: _____

COORDINATOR'S SIGNATURE: _____

AUTHORIZED BY: _____

----- OFFICE USE -----

_____ HOURS @ \$25.00 HOUR TOTAL AMOUNT DUE: \$_____

ACCOUNT # _____