INVOICE Date: _	
INVOICE NO	

Rhode Island Fire Academy Course Reimbursement Information INSTRUCTOR INFORMATION

Name:				P. O. No.			
Address:				Cell Phone:			
City, State, Zip:				Business Phone:	Phone		
			COLIDGE INEOL	OM ATION			
Program Title, Clas	ss Number	•	COURSE INFOI	RVIATION			
and/or Chapter covered		Date	Location (I	Location (Hosting Dept)			Hours
"I certify for the ab Injured on Duty Le		was not	on Fire Departm	ent duty, Sick Leave	, Administr	rative Lo	eave, nor
INSTRUCTOR	'S SIGNATURE:						
COORDINATOR	'S SIGNATURE:						
	THORIZED BY:						
			OFFICE LICE				