

**Department of Public Safety  
Division of Fire, Emergency and Building Services  
Office of Statewide Emergency Telecommunications**

**Training Reimbursement Request  
For Public Safety Answering Points (PSAPs)**

**Student Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Employee Number** \_\_\_\_\_

**Title of Registrant** \_\_\_\_\_

**PSAP/Dept.** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Course Title** \_\_\_\_\_

**Course Date** \_\_\_\_\_

**Amount Requested** \_\_\_\_\_

**Reimbursement Required for (circle):** Training    Conference    Backfill/OT

**PSAP Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OSET Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attach supporting documentation (invoice, training certificate, if backfill/overtime - provide documentation of name, title, hours and rates).**