SUMMARY OF PSAP TRAINING REIMBURSEMENT REQUEST

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATEWIDE EMERGENCY TELECOMMUNICATION

PSAP/Dept: _____ **Request Date:** _____

Course Title: _____ Invoice #: _____

PSAP Authorized Signature: _____ **Email:** _____

NON-PO VOUCHER

ATTENDEE	NAME OF TRAINING, CONFERENCE, TRAINING MATERIALS MEMBERSHIPS	TRAINING DATE	TRAINING AMOUNT	BACKFILL/OT AMOUNT**
Enhanced 9-1-1 Telecomm. Fund: 20000-0-371 **Totals:**			$ 0.00	$ 0.00

****Supporting documentation (e.g. invoices, training certificates) must be submitted with this reimbursement request.**

FOR OFFICIAL USE ONLY ***F/Y 24.25***

Reimbursement Number: _____ **PSAP Training Funds** ☐ **EMD:** ☐

DSET Approval: _____ **Date:** _____

Amount: $ _____ Program: 27001

Fund: 12060 Account: _____

Dept.: DPS32741 Budget Ref: _____

SID-35190 Fiscal Approval: _____