



# TRAINING REIMBURSEMENT REQUEST

SFFMA  
SAFER AWARD

To request reimbursement for Training please complete this form and enclose all required documents listed below. Send the completed packet to: [benefits@volunteerfirefighter.org](mailto:benefits@volunteerfirefighter.org)

**Volunteer Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Hire Date: \_\_\_\_\_

SFFMA Member- Yes \_\_\_\_\_ No \_\_\_\_\_

The SFFMA SAFER Grant will reimburse First Responder, EMT, FF1, and FF2 training expenses including travel to attend training and meals in exchange for a 2-year commitment to a recognized volunteer or combination fire department in Texas. We will reimburse Volunteer Firefighters who successfully complete an approved SFFMA or TCFP Fire Academy up to \$2,500 each. We will reimburse either the individual or the department for these expenses.

**Funds that You Are Requesting:**

**Amount Total**

Training \$ \_\_\_\_\_

Travel/Milage & Meals (per diem) \$ \_\_\_\_\_

Hotel \$ \_\_\_\_\_

Total Amount Requested for this Volunteer: \$ \_\_\_\_\_

**Volunteer Firefighter 2 Year Commitment:**

I am committing 2 years of service to the Sponsoring Department/Agency

Signature of Volunteer: \_\_\_\_\_



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**GSA Links:**

Hotel/ Lodging: [FY 2024 Per Diem Rates for Texas | GSA](#)

Milage Rate: .67 per mile for personal vehicle or .21 per mile for government vehicle.

[Privately owned vehicle \(POV\) mileage reimbursement rates | GSA](#)

**Please Make Check Payable to:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Training,** **Include required documents with this form prior to submitting.**

- A copy of an invoice for the coursework that includes the description of the course enrolled and the firefighter that attended.
- Proof of payment for the training attending (cancelled check or bank statement showing withdraw of funds to the vendor).
- Certificate of completion
- Map with starting and ending point if submitting for milage.
- Hotel/ Lodging Receipt

**Fire Chief Authorization:**

By signing below, I confirm that the Volunteer listed above is an active member and is in good standing with my department.

Full Name of Fire Chief: (Please Print) \_\_\_\_\_

Department: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_

Fire Chief Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Number of Active Volunteers in Your Department: \_\_\_\_\_