

**Department of Emergency Services and Public Protection
Division of Statewide Emergency Telecommunications**

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

Student Name _____

Title of Registrant _____

PSAP/Dept. _____

Street _____

City _____ **State** _____ **Zip** _____

Course Title _____

Course Date _____

Amount Requested _____

Reimbursement Required for (circle): EMD or 911 Training Fund

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

PSAP Director's Signature _____ **Date** _____

E-mail _____ **Phone #** _____

OSET Approval _____ **Date** _____

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