



**CENTRAL COUNTY FIRE DEPARTMENT**  
**EDUCATION, TRAINING OR PARAMEDIC LICENSE REIMBURSEMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course/Conference Title: \_\_\_\_\_

Name of Organization/College \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

Itemized Expenses:

Registration/Tuition: \_\_\_\_\_

Course Materials: \_\_\_\_\_

Food: \_\_\_\_\_

Lodging: \_\_\_\_\_

Travel: \_\_\_\_\_

Other: \_\_\_\_\_

Total Expenses: \_\_\_\_\_

Units Earned: \_\_\_\_\_

Paramedic License Reimbursement

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Captain: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Battalion Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Deputy Chief: \_\_\_\_\_ Date: \_\_\_\_\_

All receipts and attendance/completion certificates must be submitted for reimbursement.