

# NIMS TRAINING REIMBURSEMENT

Regional School Name:
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Circle All Levels			
NIMS 700	NIMS 100	NIMS 200	Other _____

Date	Hours	No. of Students
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Department/Organization	No. of Instructors
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### Reimbursable Expenses:

Instructors Salaries	
Instructors Applicable Fringe	
Printing	
Mailing	
Facility Rental Charges	
Lunch (full day programs)	
Other	
Total	

I certify that the services have been performed and the expenses incurred as stated in this account and that they were necessary and proper and that the amounts claimed are just and reasonable.

Name	Title	Date
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Use one form per class and attach roster.

Please submit to: Connecticut Commission on Prevention Control  
 34 Perimeter Road  
 Windsor Locks, CT 06096