



MUNICIPAL TRAINING AND DEVELOPMENT CORPORATION
460 TORBAY ROAD
ST. JOHN'S, NL A1A 5J3

FES-NL TRAINING SCHOOL MUNICIPAL REIMBURSEMENT FORM

May 28-June 5, 2011

Fire and Emergency Services – Newfoundland and Labrador (FES-NL) is pleased to again provide funding to assist municipalities with the cost of volunteer firefighters and municipal volunteers attending the Fire and Emergency Services Training School being held in Corner Brook, May 28-June 5, 2011. This funding will be administered by the Professional Municipal Administrators (PMA) and will be allocated on a 50/50 cost share basis to a maximum program expenditure of \$30,000.

This funding is separate from the MTDC Match Training Financial Assistance Program. You can register and take advantage of this funding opportunity by contacting PMA at the earliest opportunity.

Municipal Reimbursement claims must be received by PMA no later than 30 days after attending the FES Training School to be considered eligible for reimbursement.

For further information, please contact: Krista Planke, PMA
Professional Municipal Administrators
726-6405 (o)
726-6408 (f)

FES TRAINING SCHOOL REIMBURSEMENT 2011-2012



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Pre-Approval Please Provide estimate below		Reimbursement Please ensure supporting documents are attached		Date of Application
Name of Municipality:				
Municipal Address:				
Contact Person:				
Telephone:		Fax:		Email:
Name of person(s) who attended the training:			Position Title: (e.g. clerk, councillor)	
Training Activity Information				
Name of Activity:			Date(s) of Activity:	
Location:			Sponsoring Group:	
Brief Description of Activity:				
Statement of Expenses: For Pre-Approvals – please estimate. For Reimbursements – provide copies of receipts verified by the Clerk				
Date(s) Travelled		From		To
Depart and Return Times		Time of Departure		Time of Return Home
				Totals
Registration of Course Fee Excluding MTDC Workshops			\$
Meals \$40.00 per day Maximum No Receipt Required		# of Breakfasts _____ @ \$10.00 # of Lunches _____ @ \$12.00 # of Dinners _____ @ \$18.00 Total all meals		
Accommodation		# of nights _____ @ \$ _____ per night		\$
Travel		# km _____ @ \$0.36		\$
Other Travel			\$
Other Costs e.g. Texts, Course Materials			\$
Total of All Expenses:				\$
This is to verify that the council has reviewed this application, agrees to its accuracy and has authorized its submission to MTDC			Print Name: Position: Signature:	
IMPORTANT: YOU HAVE ONE MONTH, AFTER THE COMPLETION OF YOUR TRAINING ACTIVITY, TO FILE YOUR CLAIM.				
For Pre-Approval: Please FAX to 709-726-6408 or Mail to... Municipal Training and Development Corporation 460 Torbay Road St. John's, NL, A1A 5J3 For REIMBURSEMENT: Please fax or mail this application and your supporting documents to MTDC at the above address			For Office Use only 50% Reimbursement: _____ Processed By: _____ Approved By: _____ Date: _____	