PENNINGTON COUNTY HOST DEPARTMENT REIMBURSEMENT REQUEST

COURSE W/INCLUSIVE DATES	Q4P(0)	TAVE				
DEPARTMENT NAME:	Jan S	100				
ADDRESS:	Flist		5			
CONTACT NUMBER(S):						
			45			
<u>CLASS</u>		DATE(S)	HOURS	<u>RATE</u>	TOTAL	
			12			
			-7			
			3			
	BECC	IE VOY	31			
	10000		23			
		BA VA II	MIN .			
TOTAL REIMBURSEMENT REQUESTED		TO THE	OF AL			
Will Harm	202	A STATE OF THE STA			•	
HOST DEPT. REPRESENTATIVE (SIGNATURE REQUIRED):			DA	Date:		
COORDINATOR REVIEW / APPROVAL (OPTIONAL):			DA	DATE:		
PCFSB REVIEW / APPROVAL (SIGNATURE REQUIRED):			DATE:			

Host department rates are as follows: \$40/night; \$100/full day for live fire; \$100/evaluator for final certs/practicals