

CUMRU TOWNSHIP FIREFIGHTERS RELIEF ASSOCIATION TRAINING EXPENSE REPORT

DATE: _____ CLASS NAME: _____

LOCATION OF TRAINING: _____

FIREFIGHTER NAME(S): _____

DATE	EXPLANATION OF EXPENSES	COMM. TRANS	LODGING	MEALS	TOTAL
	GRAND TOTAL				

FIREFIGHTER SIGNATURE: _____ DATE: _____

Reference: 7.7 Outside Training Authorization