



Instructor Fee and/or Travel Expenses Claim for Reimbursement

****Separate Claim Reimbursement Form Required for Each Academy****

Fill out both sides of form.

- (50072) [] Patrol (50172) [] In-Service (50272) [] Detention (50372) [] Dispatch (50472) [] Correction (50772) [] Adult Misd Probation
 (50872) [] Felony P & P

Contract Number: _____ Date of Claim: _____ **TOTAL REIMBURSEMENT \$** _____
 (Total Travel + Total Instructor Fee)

Instructor: _____ Department: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone Number: _____

INSTRUCTOR FEES

Date	Subject Taught	Location	From (Civilian Time)	To (Civilian Time)	Hours

Wage per hour X Total hours = **TOTAL INSTRUCTOR FEE**

\$ _____ X _____ = \$ _____

**Travel Expense on back page.
 Back page must be signed and dated.**

- Instructor**
- Scenario Role Player**
- Scenario Dispatcher**
- Scenario Assistant Grader**
- Scenario Grader**

(Use separate reimbursement form for each role.)

