

CONFERENCE FUNDING REQUEST FORM

(Please keep a copy of this completed form for your records)

Conference focus is ***GREATER*** than sixty percent (60%) EMS

Please submit this form at least 45 days prior to the conference date. Do not

CONFERENCE INFORMATION “Part A” (Funding for a Track of Classes):

*The Nebraska Emergency Medical Services & Trauma Program **MUST** be recognized as a participant in the funding on all promotional materials.*

Conference Name:

Contractor/Contact Person’s Name:

Contact Phone Number:

Contact email:

Date(s) of Conference:

Start and End Times (for each day):

Affiliated EMS Training Agency:

CLASS INFORMATION:

With this form, you must include a flyer or brochure that outlines the following information for each course that this being presented at the conference:

Class Title – Instructor’s Name & Credentials - Class Length - Class Objectives

EXPENSES:

Total Instructor Fees	\$
Travel Fee (mileage @ \$0.575/mile, airline, etc.)	\$
Facility/Classroom Rental	\$
Instructional Materials	\$

(Note: Materials are instructional aids used specifically for teaching a class.)

List the materials you expect to use and the approximate cost per item:

Material

Approximate Cost

TOTAL EXPENSES: \$

Total Payment Requested for Conference Track \$

The conference staff must retain documentation of:

- Each instructor's education, experience, and credentials.
- Each course's instructional objectives.

The Contractor must provide the following items (where applicable) in order to receive reimbursement for approved conference expenses:

- Signed invoice (Invoice provided with Contract)
- Conference roster & conference brochure
- Receipts for instructor payments
- Receipts for motel with zero balance
- Receipt for meeting room rental
- Receipts for materials

EMS/Trauma Program Staff Use Only

Approved?: Yes No **Amount Approved: \$**

Reason the request was denied:

Approved by:

Date: