

FUNDING REQUEST FORM – PART A

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

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

*Please submit one form per class or instructional period,
at least 45 days prior to the conference date.*

Conference Information “Part A” is to be used for conferences requesting **funding for a track**.

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

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

Conference Name _____

Contractor Name _____

Date of Conference _____

Track Title _____

Track Instructor(s) _____

Total time of conference track sessions _____ Hours _____ Minutes

CLASS INFORMATION:

Primary method of instruction: Lecture _____ Skills _____ Lecture and skills _____

Please list the title, instructional goal(s), and the cost for each class taught in the track.

1) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

2) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

3) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

4) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

5) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

6) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

Total Cost of Classes \$ _____

OTHER EXPENSES:

Travel Fee (Mileage @ \$.55.5 X mile / airline approximate cost) \$ _____

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 Other Expenses \$ _____

Total Payment Requested for Conference Track \$_____
(total cost of classes + total other expenses)

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**

Approved: Yes No

Disapproval:

Approved by:

Reason:

Date:

Amount Approved: \$_____