



CISM Reimbursement Request

Name:		SS #
Address:		City:
Zip Code:	Telephone:	Email Address:

(Circle) Troop Area: A B C D E HQ	Date of Intervention:	
Town of Intervention:	Intervention Type: (Circle) Debriefing Defusing One on One Public Education	
Round Trip Mileage:		

Signature:
Printed Name:

CISM Management Approval:	
Date Approved:	
NSP Approval:	
Date Approved:	

Please complete form mail, fax **or** email to:

Nebraska CISM Program
% Debbie Kuhn
P.O Box 95026
Lincoln, NE 68509-5026

Debbie.kuhn@nebraska.gov
Fax: 402-742-1140