



Training Reimbursement Form and Application

Member Name: _____ Date: _____

Total Amount Requested: _____

Pre-authorized? Yes / No If yes, Who authorized? _____

Training Name: _____

Training Instructor or Organization: _____

Training Cost: _____

Description of expense and breakdown of costs:

Remember to attach receipt.

Describe how this training will benefit the Inyo SAR Team:

After completing the training you should be prepared to give the Inyo SAR Team a short report on the quality of the training and the instructor, and to share the information you learned from the training with SAR teammates during subsequent in-house team trainings.

Approximate number of SAR operations you've participated in during the last 12 months:

Approximate number of SAR fund raising activities you've participated in during the last 12 months:

Approximate number of SAR trainings you've taken part in during the last 12 months:

Number of trainings you've helped teach or organize:

Number of trainings you've attended:

Approved / Denied		
Reviewed By: Board Member _____	Board Vote	Team Vote
Date reviewed:		
Check number:	Date Issued:	