



**Northwest Region EMS Council**

P. O. Box 5179  
Bremerton, WA 98312

Phone: (360) 479-5631

Fax: (360) 479-5772

Email: [rene@nwrems.org](mailto:rene@nwrems.org)

**REQUEST FOR PAYMENT**

**Training Funds**

**INSTRUCTOR INFORMATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_  
City State Zip Code

Telephone #: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COURSE INFORMATION**

Course Title: \_\_\_\_\_

Course Date(s): \_\_\_\_\_ Course #: \_\_\_\_\_

**ATTACHMENTS - (Must be attached)**

\_\_\_\_\_ Course Sign-In Sheet or Roster \_\_\_\_\_ Invoice (If Applicable) \_\_\_\_\_ Proof of Payment

**LOCAL COUNCIL APPROVAL**

Local Council: \_\_\_\_\_ Clallam \_\_\_\_\_ Jefferson \_\_\_\_\_ Kitsap \_\_\_\_\_ Mason \_\_\_\_\_ WOP

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Chairperson or Treasurer**