

**EXHIBIT B**

**Northwest Region EMS Council**



P. O. Box 5179  
Bremerton, WA 98312

Phone: (360) 431-7311      Email: [rene@nwrems.org](mailto:rene@nwrems.org)

**REQUEST FOR PAYMENT**

**Training Funds**

**COURSE INFORMATION**

**Amount Requested:** \$ \_\_\_\_\_

**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**

**Approved by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Chairperson or Treasurer

**Local Council:** \_\_\_\_\_ Jefferson      \_\_\_\_\_ Jefferson      \_\_\_\_\_ Jefferson      \_\_\_\_\_ Jefferson      \_\_\_\_\_ WOP

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