



**National Fallen Firefighters Foundation
Local Assistance State Team
Invoice**



Name: _____
 Date From: _____ To: _____
 Location: _____
 Purpose: To assist the department and family after a firefighter death.

Claims MUST be submitted within 60 days of travel dates
 (claims submitted after 60 days will not be paid)

Mileage: _____ miles at 56 cents/mile _____
 Airfare: *(attach receipt)* _____
 Lodging: *(attach receipt)* _____
 Rental Car: *(attach receipt)* _____
 Parking/Taxis/Tolls: *(attach receipt)* _____
 Per Diem: *(Calculated by NFFF based on Federal Government per diem rates for meals and incidental expenses - only applicable if there is an overnight stay)* _____

TOTAL DUE: _____

Send check to:

Sign below before submitting - your claim cannot be processed without your signature!!

_____	_____
Claimant Signature	Date
_____	_____
State Coordinator Approval	Date
_____	_____
Foundation Approval	Date

Submit completed form and copies of your receipts to Jeanne Tobia. If you have any questions, contact Jeanne at (410) 721-8845.

USPS
 2130 Priest Bridge Drive
 Suite 6
 Crofton, MD 21114

Fax
 (410) 721-6213

Email
jtobia@firehero.org