



**National Fallen Firefighters Foundation  
Local Assistance State Team  
(LAST) Program**



# INVOICE

Name: _____
Date From: _____ To: _____ Location: _____
Purpose: To assist the department and family after the of death of _____ <div style="text-align: right; margin-right: 100px;">Firefighter's Name</div>

**Claims MUST be submitted within 60 days of travel date**

Mileage _____ miles at 70 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)	
<b>TOTAL DUE:</b>	

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 at [jtobia@firehero.org](mailto:jtobia@firehero.org).  
If you have any questions, email Jeanne.**