



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



INVOICE

Name: _____

Date From: _____ To: _____ Location: _____ Zip Code: _____

City _____ State _____

Purpose: To assist the department and family after the death of _____
Firefighter's Name _____

Claims MUST be submitted within 60 days of travel date

Mileage _____ miles. Calculated at current rate by the NFFF. (attach PDF map) _____

Airfare (attach receipt) _____

Lodging (attach receipt or explanation for overnight stay) Arrival Date: _____ Departure Date: _____

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 a receipt or documentation of an overnight stay*)

Yes, I am requesting per diem reimbursement for meals and incidental expenses. Please list any meals that were included at a hotel, or paid for by another party, including dates: _____

No, I am not requesting per diem reimbursement. _____

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 LASTinvoice@firehero.org.

Please email Ian Bennett at ibennett@firehero.org or Kelly Casillo at kcasillo@firehero.org with any questions.

NATIONAL FALLEN FIREFIGHTERS FOUNDATION

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