

OFFICE OF STATE FIRE MARSHAL
 Regional Hazardous Materials Teams
 4760 Portland Rd NE, Salem, OR 97305-1760
 (503) 373-3473 (503) 373-1825 Fax
PROPOSED OUTREACH TRAINING EXPENSES

Note: Please submit proposed expenses 10 working days prior to scheduled outreach training. When training is completed, please invoice actual costs, using your Department letterhead.

Team Name _____ Team # _____ Date Submitted _____
 Submitted By _____ Phone _____
 Team Address _____ City _____ State _____ Zip _____
 Location of Training _____
 Date(s) of Training _____
 Purpose of Training _____

PROJECTED COSTS

of Personnel _____ @ Hourly Rate _____ x Hours _____ Total \$ _____
 Additional Information _____

Miscellaneous Costs (Please Itemize)

<u>Description</u>	<u>Costs</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Personnel \$ _____
 Misc. Costs \$ _____
TOTAL \$ _____

SIGNATURES

Team Coordinator/Administrator _____ Date _____
 Approved By _____ Date _____
 Office of State Fire Marshal