

Lebanon County Fire School

Billing Authorization Form

<u>Billing Information</u>	
Date: ____ / ____ / ____	Date of Use: ____ / ____ / ____
Requesting Organization: _____	Station. No: _____
Address: _____	
County: _____	
Phone: (____) _____	E-Mail Address: _____
Contact Person: _____ Contact's Phone #: (____) _____	

Authorized Expenses:

<input type="checkbox"/> Tuition/Course Fees:	<input type="checkbox"/> No Show Fees:
<input type="checkbox"/> Books/supplies Fees:	<input type="checkbox"/> Facility Usage Fees:
<input type="checkbox"/> Facilitator Fees:	<input type="checkbox"/> Other Fees:
<input type="checkbox"/> Course Material Fees:	<input type="checkbox"/> Other Fees:
<input type="checkbox"/> Burn Building Fees:	<input type="checkbox"/> Other Fees:

Total Amount to be Billed:	_____
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Explanation of Expenses:

As Chief Officer of the _____ Fire Department/Company or as Supervisor of the _____ Organization, I hereby authorize the Lebanon County Firefighters Association to bill our Department/Organization for the following applicable fees and expenses that are associated with our use of the facility and/or student participation of courses. I understand that the Fees and Expenses listed above are estimates and are currently based on the most recent Fee and Expense Schedule that the Fire School has adopted. All Fees and Expenses are subject to change and will be finalized at the end of our agreement with the Lebanon County Firefighters Association.

Chief Officer/Training
Officer's Signature: _____

Date: _____

For Fire School Use Only			
Received By:	Date:	Processed By:	Date: