



**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 \_\_\_\_\_  
Firefighter's Name

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

Mileage _____ miles at <b>65.5</b> 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, contact Jeanne at (717)752-5980.**

**NATIONAL FALLEN FIREFIGHTERS FOUNDATION  
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