



**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 67 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)	_____
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 Jeanne Tobia at jtobia@firehero.org.
If you have any questions, email Jeanne.**

**NATIONAL FALLEN FIREFIGHTERS FOUNDATION
2130 Priest Bridge Drive, Suite 6, Crofton, MD 21114
Phone: (410) 721-8845 • Fax: (410) 721-6213**



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Please note that in-room services such as movie rentals or mini-bars are not reimbursable. The Foundation will not reimburse for actual meals and incidental expenses. Any expenses over the allowable daily rates are the responsibility of the traveler.

It is the policy of the Foundation to reimburse its contractors and volunteers for all authorized expenses that are necessary, legitimate, permissible and actually incurred when traveling on official Foundation business, provided the expenses are itemized, fully explained and approved.

For federally funded projects, the Project Director may approve expenses up to 30 percent above the established rate if circumstances make it impossible to find acceptable lodging at or below per diem. In such cases, the Foundation will reimburse the difference.

Per Diem expenses start on the day the traveler departs their home, office or other authorized location and end on the day the traveler returns to their home, office or other authorized location. On the first and last days of travel, travelers will receive 75% of the maximum M&IE rate. On other full days of travel, travelers will receive 100% of the M&IE rate.

OTHER ALLOWABLE COSTS

The following travel costs are allowable:

1. Travel to and from office or residence and airport or other point of departure.
2. Use of a personally owned vehicle (POV). The current rate of reimbursement per mile, as of January 1, 2024 is 67 cents.
3. Actual expenses for rental cars used for business travel. The Project Director must determine that the use of a rental car is the most cost effective mode of transportation. Only mileage related to official travel-related purposes will be reimbursed. Personal use of rental cars is not allowed while on travel and contractors will be responsible for any personal costs. Optional insurance coverage is not reimbursable.

REQUIRED DOCUMENTATION

A receipt is required for any individual expenditure over \$75.00

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LAST TRAVEL POLICY