



**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
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Phone: (410) 721-8845 • Fax: (410) 721-6213**