



**National Fallen Firefighters Foundation  
Local Assistance State Team  
(LAST) Program**



# INVOICE

Name: \_\_\_\_\_  
 Date From: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 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. Calculated at the current rate by the NFFF. (attach PDF map) \_\_\_\_\_

Airfare (attach receipt) \_\_\_\_\_

Lodging (attach receipt or explanation for overnight stay) Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ \_\_\_\_\_

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 a receipt or documentation of an overnight stay)

Yes, I am requesting per diem reimbursement for meals and incidental expenses. Please list any meals that were included at a hotel, or paid for by another party, including dates: \_\_\_\_\_

No, I am not requesting per diem reimbursement.

**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 [LASTinvoice@firehero.org](mailto:LASTinvoice@firehero.org).**

Please email Ian Bennett at [ibennett@firehero.org](mailto:ibennett@firehero.org) or Kelly Casillo at [kcasillo@firehero.org](mailto:kcasillo@firehero.org) with any questions.



## National Fallen Firefighters Foundation Local Assistance State Team (LAST) Program



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

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, 2026 is 72.5 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

LAST TRAVEL POLICY

**NATIONAL FALLEN FIREFIGHTERS FOUNDATION**

2130 Priest Bridge Drive, Suite 5, Crofton, MD 21114 • Phone: (410) 721-8845 • Fax: (410) 721-6213