



**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.

Please email Ian Bennett at ibennett@firehero.org or Kelly Casillo at kcasillo@firehero.org with any questions.