

CITY OF RAPID CITY TRAVEL REQUEST

Person requesting travel Keith Trojanowski Department EMS 0890

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)

Mountain Plains Health Consortium Paramedic Training

List all other City employees, if any, making the trip for the same purpose: _____

Place of meeting or destination: Ft. Meade, SD

Date of meeting November 2007 - February 2009

Date trip to begin _____ Date trip will end _____

Method of transportation requested _____

Estimated transportation cost \$ _____

Meals _____

Lodging _____ days _____

Other costs - description Tuition 4,000.00

Total estimated cost of trip \$ 4,000.00

Signed _____ Date [Signature] Date 2/23/09
(person requesting travel) (Department Head)

When the cost of the trip will exceed \$500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is \$ _____

Approved: _____ Date _____
Mayor

When the cost of the trip will exceed \$1,500, per event, Council approval is required.

Approved by Common Council on _____ (Date)

White copy - Mayor Yellow copy - Finance Gold copy - Department copy

RCDF&ES General Applications for Course Attendance & Request for Travel / Expenses

Name: Keith Trojanowski Signature: [Signature] Today's Date: 2-02-09

Full Course / Event Name: MPHC Paramedic School

Event Dates: Nov 2007 - Feb 2009 Travel Dates: Date Leaving _____ Time Leaving _____

Date Returning _____ Time in RC _____

Event Location: Rapid City Pt. Meade, SD

Reasons for Requesting Course: Approved: B/C or Division Chief

Required For Promotion Education Chief

Required For Apprenticeship Denied: B/C or Division Chief

Required For Current Position Education Chief

Other Paramedic School Reason For Denial _____

B/C or Div. Chief Conditions for Approval _____

B/C or Div. Chief Signature [Signature] Ed. Chief Sig. _____

Other Department Employees that are going with me are: _____

I am Requesting:

On Duty Time: _____ Overtime Pay for _____ Hours
Dates & Times _____ Dates & Times _____

Registration / Tuition (Attach Conference/Course Information)
 There is no Registration / Tuition
 Registration / Tuition Cost \$4,000.⁰⁰
 I will pay and be reimbursed later.
 I will have them bill the Department
 It will need to be paid before I go
 I need to take a check with me
 Registration / Tuition will be paid by: _____



Mountain Plains Health Consortium

PO Box 187
Fort Meade, SD 57741

Invoice

Date	Invoice #
2/2/09	09-048

Bill To
Rapid City Fire & Emergency Services 10 Main Street Rapid City, SD 57701

P.O. No.	Terms
	Upon Receipt

Quantity	Description	Rate	Amount
1	For Keith Trojanowski to take Paramedic training November 2007 through February 2009 PO650233 R0652061	4,000.00	4,000.00

Questions? Contact Accounting at 605-720-7117. Please include invoice number on payment	Total	\$4,000.00
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