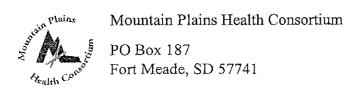
CITY OF RAPID CITY TRAVEL REQUEST

Person requesting travel	Keith Trojanowski	Department FMS	0890
	evel for the following purpose: (Give		
Mountain Plains	: Health Consortium Parame	dic Training	
List all other City employees, if ar	ny, making the trip for the same pu	rpose:	
Place of meeting or destination:	Ft. Meade, SD 07 - February 2009		
Date trip to begin Method of transportation requeste	Date to	rip will end	
Estimated transportation cost Meals		\$	
Lodgingdays Other costs – descriptionTu		·	
Total estimated cost of trip		\$ 3,000.00	
Signed(person request	Date	(Depaytment/Head)	Date 2/23/0
(person request	ing travel)	(Department Head)	
When the cost of the trip will excee	ed \$500, per employee, this section	n must be signed.	
In accordance with the provisions requested in the foregoing applicat	of Rapid City ordinances and travition. Maximum cost of trip authoriz	el regulations, consent is herel	by given for travel as
	Approved:		Date
		Mayor	
When the cost of the trip will excee	ed \$1,500, per event, Council appre		
	Approved by Com	mon Council on	(Date)
White copy Mayor	Yellow copy – Financ		copy – Department copy

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

Name: Kerth Ingangus Signature:	Took	oday's Date: 2-02-09
Full Course / Event Name: MPHC Pava	medic Sch	001
Event Dates: Nov 2007 - Feb 2009 Trave		
	Date Return	ing lime in RC_e
Event Location: Rapid City X_FF Me	ade 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		D Education Chief
Other Paramedre School	Reason For Denial	
B/C or Div. Chief Conditions for Approval B/C or Div. Chief Signature ***********************************	Ed. Chief Sig.	********
I am Requesting:		
On Duty Time: Dates & Times	T . 0 77	Pay for Hours imes
Registration / Tuition (Attach Conference There is no Registration / Tuition Registration / Tuition Cost \$4.00 I will pay and be rei I will have them bill It will need to be pa I need to take a chec	D. mbursed later. the Department id before I go	n)



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	4,000.00	4,000.00
		,	
	P0650233 R0652061		
	R0052061		

Questions? Contact Accounting at 605-720-7117. Please include invoice number on payment

Total

\$4,000 00