

Gallupville Fire Department Physical Fitness Reimbursement Form

Name: _____

Reimbursement for Month of : _____

Event Points	Points Available	Date	Points Earned
Active support a toned out event	3		
Monthly meeting	3		
Training < 4 hrs	3		
Training >4 hrs	4		
Assist in work detail	3		
Attend any "other" meetings	2		

Total Points Earned: _____

- *Six points must be earned for reimbursement*
- *All requests for reimbursement must be submitted by the December Dept. meeting for January – November period*
- *No more than 3 months of reimbursement may be accrued*

I certify that the information provided above is an accurate representation of my efforts.

_____ (Member Signature)

Approved,

_____ (Chief)