



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

EMERGENCY TELECOMMUNICATOR REIMBURSEMENT WORKSHEET

The information requested within this form is required before reimbursement can be processed for any and all courses attended. You must provide proof of successful completion (e.g., course certificate). The student must provide a Course Evaluation Form for all courses attended.

Warning: MCA § 97-7-10 Fraudulent Statements and Representations provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years. Further, the BETST Board is authorized through MCA § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation.

A.	B.	C. XXX-XX- _____
Student's Department	Name of Student	Last Four-Social Security Number
D. Initial / Re-certification (circle one)	E. (i) (ii)	F.
Course Type (circle one)	(i) Course Title/(ii) Course Vendor	Course Location
G.	H. # of hours	I.
Course Date(s)	Course Length	Course Tuition
J. Amount - \$ Regular hourly wage	K.	L.
Salary Rate	Cost of Lodging	Cost of Meals
M.	N.	O.
Salary Total (BETST use only)	Certificate Number	Expiration Date
P.	Q.	R.
Course Instructor (Name)	Total Mileage (Private Vehicle)	Total Reimbursement

Please attach copies of all corresponding documentation for expenses submitted (i.e. - hotel receipts, meal receipts, etc.). **All travel expenses will be computed by the staff using existing Department of Finance and Administration guidelines.**

I, the undersigned, do hereby swear or affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief.

Must be signed by the Agency Head or Authorized Signee

Month / Day / Year

Agency Head Email (Required)