Form 106

Grant Training Verification Form

Training / Course Title: _____

Date: _____ Start Time: _____ End Time: _____

Location of Training: _____ Instructor's Name(s): _____

Attendee Name	Rank	On Duty	OT Hrs	Hourly Rate	Total Pay
				$0.00	$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
Totals Personnel Costs					$0.00
Request for Reimbursement					$0.00

By my signature below, I attest to the fact that the above employees did receive monetary compensation at their overtime rate for attending training on the above date.

_____

(Finance Director's Name) (City/Town of) Date Revised 11/2013