



5240 S Sixth St Rd, Springfield, IL 62703-5128
Phone: 217-525-8000 Fax: 217-529-8482 www.ilpga.org

2012 Fire Training Reimbursement Request Form

Propane Company Name: _____

Propane Company Contact: _____

Propane Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Gallons Used: _____ Enclose Meter Ticket (**REQUIRED**)

Price per Gallon: _____ Enclose proof of your cost (**REQUIRED**)
*(A copy of the wholesale suppliers' invoice verifying wholesale cost is required –
IL PERC fees must be shown as a separate line item on the wholesale invoice, but are not reimbursed)*

Tax % rate for your area: _____ %

of Students Trained: _____ Enclose sign off sheet (**REQUIRED**)

of Fire Departments Represented _____

Location of Burn: _____

Date of Burn: ____/____/_____
(reimbursement paperwork must received at IPGA no later than 90 days after event)

(Signature of Fire Chief of the organizing Department)

PROPANE
EXCEPTIONAL ENERGY™

If you have any questions on how to calculate the amount that will be paid – call Kathy at 800-727-6207

For IPGA office use only

Ticket # _____

Amount Paid: _____

Tax Rate: _____

Approved: _____

Check #: _____

Initials

Date

Form # 2012