



El Paso County Emergency
Services District #2

Wage Reimbursement

Date: _____

Department: _____

Members Name: _____

Members Add.: _____

Class Dates: _____

Location: _____

Hours: _____

Rate: \$10.00

Total Due: _____

Department Chief

Member

Print Department Chief

Print Member's Name

***Note: Certificate must be submitted with this form for reimbursement from the ESD#2.**

