



# YORK COUNTY FIRE SCHOOL

*"A part of the Fire Chiefs and Firefighters Association of York County"*

330 Emig Road

York, Pennsylvania 17406

[www.yorkcountymfireschool.org](http://www.yorkcountymfireschool.org) Phone: (717) 767-4097, Fax: (717) 764-3243

## Billing Authorization Form

<u>Billing Information</u>	
Date: _____/_____/_____	Date of Use: _____/_____/_____
Requesting Organization: _____	Stat. No: _____
Address: _____	
County: _____	
Phone: (____) _____	E-Mail Address: _____
Contact Person: _____	Contact's Phone #: (____) _____

### Authorized Expenses:

<input type="checkbox"/> Tuition/Course Fees:		<input type="checkbox"/> No Show Fees:	
<input type="checkbox"/> Books/supplies Fees:		<input type="checkbox"/> Facility Usage Fees:	
<input type="checkbox"/> Facilitator Fees:		<input type="checkbox"/> Other Fees:	
<input type="checkbox"/> Course Material Fees:		<input type="checkbox"/> Other Fees:	
<input type="checkbox"/> Certification Fees:		<input type="checkbox"/> Other Fees:	

<b>Total Amount to be Billed:</b>	
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### Explanation of Expenses:

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As **Chief Officer** of the \_\_\_\_\_ Fire Department/Company or as **Supervisor** of the \_\_\_\_\_ Organization, I hereby authorize the York County Fire School to bill our Department/Organization for the following applicable fees and expenses that are associated with our use of the facility and/or student participation of courses. I understand that the Fees and Expenses listed above are estimates and are currently based on the most recent Fee and Expense Schedule that the Fire School has adopted. All Fees and Expenses are subject to change and will be finalized at the end of our agreement with the York County Fire School.

**Chief Officer/Training Officer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Fire School Use Only			
Received By:	Date:	Processed By:	Date: