

State 911 Committee  
Dispatcher Training Subcommittee  
Student Expense Sheet

Training Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Dispatch Center: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Course Name: \_\_\_\_\_

DTS Approval Number: \_\_\_\_\_

<b>Student Name</b>	<b>Wages (OR Backfill)</b>	<b>Tuition</b>	<b>Mileage</b>	<b>Hotel</b>	<b>Meals</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTALS:</b>	<b>\$_____</b>	<b>\$_____</b>	<b>\$_____</b>	<b>\$_____</b>	<b>\$_____</b>

GRAND TOTAL: \$