

State 911 Committee  
 Dispatcher Training Subcommittee  
 Student Expense Sheet

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

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

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

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

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

GRAND TOTAL: \$