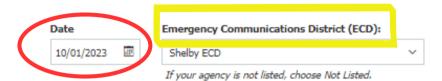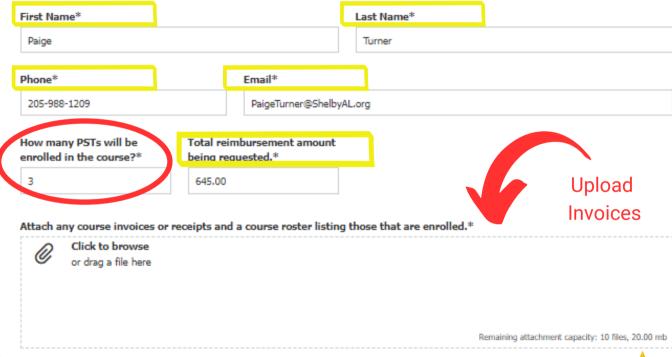# PST Certification Course Request for Payment Form

Fill out this form completely. You will need to attach any course invoices or receipts and a course roster listing those enrolled in the course as supporting documentation.

Date

10/01/2023

Emergency Communications District (ECD):

Shelby ECD

If your agency is not listed, choose Not Listed.

Contact Information:

First Name*

Paige

Last Name*

Turner

Phone*

205-988-1209

Email*

PaigeTurner@ShelbyAL.org

How many PSTs will be enrolled in the course?*

3

Total reimbursement amount being requested.*

645.00

Upload Invoices

Attach any course invoices or receipts and a course roster listing those that are enrolled.*

Click to browse
or drag a file here

Remaining attachment capacity: 10 files, 20.00 mb

⭐ Any request submitted before the 10th of the month will be paid by the last business day of the month. ⭐

If you are NOT a District, please provided the name of the person in your agency that handles accounts receivable payments.

Name

Please provide the first and last name of the accounts receivable person.

Phone Number

(123) 123-1234

Please provide the phone number of the account receivable person.

Email Address

myEmail@gmail.com

Please provide the email address of the accounts receivable person.