PP: _____

PD: _____

NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

State Fire Instructor Pay Voucher

SUBMIT

● Voucher Number:

Voucher Amount	$.
EXTRA SERVICE FORM ATTACHED ☐	SFI NO.●
EMPLOYEE ID #●	

● *Indicates Mandatory Field*

NAME: FIRST●	MI	LAST NAME●	EMAIL
MAILING ADDRESS●			PHONE:
CITY●	STATE●	ZIP●	COUNTY NAME:●

↓↓↓BRANCH SPONSORING COURSE↓↓↓

☐ FOTB- OUTREACH	☐ IIB - INVESTIGATIONS	☐ ACADEMY	☐ SPECIAL OPERATIONS - HAZMAT
	☐ IIB - INSPECTIONS	☐ OTHER	☐ SPECIAL OPERATIONS - TECH RESCUE

OFFICIAL USE ONLY	OFFICIAL USE ONLY	COURSE RECORD NUMBER●	COURSE OFFERING NUMBER●	DATE● mm/dd/yyyy	NO. OF HOURS●	LESSON UNIT NO.●	LOCATION OF COURSE/ADDRESS	TOTAL NO. OF STUDENTS●

☐ By checking this box, I hereby certify that the above accounting and schedules are just, true and correct; that no part thereof has been paid except as stated therein, and that the balance therein stated is actually due and owing. I understand that my failure to submit accurate and timely pay vouchers records may result in delays in my pay.

OFPC Authorized Signature

Cost Center Code

Date

OFFICIAL USE ONLY

OFPC Branch Program Coordinator Signature (if required)

Date