

TRAINING WORKSHOP INSTRUCTOR CONTRACT
OFFICE OF THE ARIZONA STATE FIRE MARSHAL

BEGIN HERE

<ol style="list-style-type: none"> 1 Please fill in the requested information (including page 2) 2 The attached W-9 Form MUST be completed and returned 3 Return this contract and ALL REQUIRED ATTACHMENTS 4 Check below if you have a new address or phone number 5 Sign and date upon submittal 	Office of the State Fire Marshal Attn: Melina Joya 1110 W. Washington, Suite 100 Phoenix, AZ 85007-2935 602/364-1075 DIRECT 602/364-1084 FAX
<input type="checkbox"/> New address <input type="checkbox"/> New phone number	

INSTRUCTOR TO COMPLETE

NAME	EIN #	SS# (required)
MAILING ADDRESS	E-MAIL ADDRESS:	
CITY	STATE	ZIP
WORK PHONE	OTHER PHONE (HOME/PGR/CEL)	
WORKSHOP INSTRUCTED		
WORKSHOP LOCATION	Arizona State Fire School 2009	
WORKSHOP DATES September 10 -13, 2009	# OF INSTRUCTION HOURS	
This contract encompasses only the workshop and the dates specified. It expires upon the performance of its terms. It creates no rights in either party to any succeeding contract, on the same or other terms. Specifically, no right of tenure is intended or created.		
I understand that I will receive a lump sum payment and that this sum represents full payment for professional services rendered.		
<u>INSTRUCTOR MUST COMPLETE EXPENSE RECAP (FOLLOWING PAGE) FOR PAYMENT</u>		
NOTE: Payment will not be processed for any contract/required paperwork not submitted by 9/13/09.		
SIGNED	DATE	

FOR OFFICE USE ONLY

Travel \$	This total is requested as payment in full for professional services rendered for the above-named workshop. I certify that the workshop has been completed and authorize payment as requested.	
Salary \$		
Total \$		
PROGRAM MANAGER (OSFM)	Index # 11203 PCA 50000	DATE

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TRAVEL / PER DIEM EXPENSE RECAP

BEGIN HERE:

You must include the ORIGINAL HOTEL RECEIPT to claim lodging.
**Failure to provide the ORIGINAL RECEIPT showing per night expenses
 WILL GUARANTEE a delay in payment to you.**

NOTE: Payment will not be processed for any contract/required paperwork not submitted by 9/13/09.

Per day lodging reimbursement is limited to the shown Conference Hotel Rate and taxes.

TRAVEL - *Mileage can be paid only to persons living more than 50 miles one way from the conference site.*

Mileage Round Trip from (City)_____to
 (City)_____

Equals _____miles

Payable at \$.445 per mile totals \$_____.

LODGING - *Lodging can be paid only to persons living more than 50 miles one way from the conference site.*

Number of nights stay ____ @ \$_____ \$103.00 + taxes totals \$_____

Remember lodging reimbursement is limited to the Conference Hotel Rate shown and taxes.

PER DIEM - Number of breakfast meals _____ @ \$11.00 equals \$_____

Number of Lunch meals _____ @ \$16.00 equals \$_____

Number of evening meals _____ @ \$27.00 equals \$_____

(Maximum \$54.00 per day)

TOTAL PER DIEM \$_____

TOTAL TRAVEL EXPENSES FORWARDED TO FRONT \$_____

Date:	Instructor's Signature:
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Date Received:	Reviewed by:	Date Approved: