



Baltimore County Volunteer Firefighter's Association



EMS Detail Approval for Reimbursement Policy

Purpose

To establish a clear process for the approval and reimbursement of EMS detail requests, ensuring proper documentation and oversight.

Policy Overview

This policy outlines the procedure for submitting an EMS detail approval request, which must be completed and approved prior to any detail engagement. All details will be subject to reimbursement only upon receipt of the completed EMS Detail Approval to be Reimbursed Document.

1) Submission Procedure

- a) Form Requirement: All members seeking reimbursement for EMS details must complete the EMS Detail Approval to be Reimbursed Document.
- b) Revision: Check the "REVISED" box only if any information has changed from a previously submitted detail.

2) Information Required

Members must provide the following information on the form:

- a) Date Submitted: The date the request is submitted.
- b) Date of Detail: The date the EMS detail will take place.
- c) Start Time: The time the detail begins.
- d) End Time: The time the detail concludes.
- e) Address: The location of the detail.
- f) Box Area: The designated box area for the detail.
- g) Unit Requested: The unit assigned to the detail.
- h) Description of Detail: A brief description of the EMS detail.

3) Point of Contact

- a) Detail Point of Contact:
- b) Name of the member attending the detail.
- c) Phone number for contact during the detail.

4) Pre-arranged Payments

- a) Members must disclose any pre-arranged payments or donations associated with the detail.

5) Approvals

- a) Company Officer Approval: The form must be signed and dated by the company officer prior to submission.
- b) BCOFD Chief Officer Approval: Final approval must be obtained from the BCOFD on-duty shift commander working on the date of the detail and documented with a signature and date.

6) Documentation

- a) All completed forms must be submitted to the BCVFA administrative office for processing.
- b) Retain copies of all approved documents for departmental records.

7) Reimbursement

- a) Reimbursement will only be issued for details that have received prior approval in accordance with this policy.
- b) The reimbursement process will adhere to established departmental guidelines for financial transactions.

8) Compliance

- a) Failure to adhere to this policy may result in denial of reimbursement requests.
- b) All chief officers are expected to familiarize themselves with this policy and ensure compliance in their detail requests.



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EMS Detail Approval Form



REVISED (check only if information has changed)

Date Submitted:

Date of Detail:

Start Time:

End Time:

Address:

Box Area:

Unit Requested:

Description of Detail:

Detail Point of Contact (member attending detail)

Name:

Phone:

Please disclose any pre-arranged payment/donation, if applicable:

Company Officer Approval:

Date:

BCOFD Chief Officer:

Date:

Approved

Denied (reason):

OFFICE USE ONLY

Date form Received:

CHECK LIST:

SUBMIT AT LEAST 48 HOURS IN ADVANCE

SUBMIT TO BCVFA ADMINISTRATOR VIA EMAIL,
BCVFA-ADMIN@BALTIMORECOUNTYMD.GOV

ALL INFORMATION REQUIRED FOR APPROVAL

LATE SUBMISSIONS NOT ELIGIBLE FOR
REIMBURSEMENT

IF DETAIL IS CANCELLED, NOTIFY THE ON-DUTY
DEPUTY CHIEF

IF DETAIL CHANGES, SUBMIT A REVISION

REFRAIN FROM SCANNING. PLEASE FILL OUT
ELECTRONICALLY AND EMAIL.