

ARROWHEAD EMS ASSOCIATION  
REIMBURSEMENT FORM  
*-Please Complete Top Half Only-*

January 2010

Date Submitted: \_\_\_\_\_

Agency:			
Contact Name:			
Address		City, State	
		Zip	
Phone:		E-mail	

The following items must be included with a request for reimbursement:

**Communications Equipment**

- A copy of the invoice for communications equipment (**purchased between July 1, 2009 and May 31, 2011**)
- A copy of **proof of payment** from vendor or a copy of check payment to vendor

REIMBURSEMENT AMOUNT REQUESTED: \$ \_\_\_\_\_ not to exceed \$150.00

Send form and documentation to: **Arrowhead EMS Association**  
4219 Enterprise Circle  
Duluth, MN 55811  
Fax 218-726-0073

Bottom half for AEMSA staff use

**PURCHASE REQUISITION**

Seatbelt Funds FY 2010-2011

Ambulance Service Communications Reimbursement

Mail by:	
Mailed on:	
Check #	
ED Approval	

Vendor ID #:		Date:		Due:	
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Item Description	Account #	Amount

\_\_\_ All Documentation Included.

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