

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

First Responder Communications Reimbursement

|             |  |
|-------------|--|
| Mail by:    |  |
| Mailed on:  |  |
| Check #     |  |
| ED Approval |  |

|              |  |       |  |      |  |
|--------------|--|-------|--|------|--|
| Vendor ID #: |  | Date: |  | Due: |  |
|--------------|--|-------|--|------|--|

| Item Description | Account # | Amount |
|------------------|-----------|--------|
|                  |           |        |
|                  |           |        |
|                  |           |        |

\_\_\_ All Documentation Included.

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