

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:

First Responder Certification/Re-certification

- A copy of the invoice for training
- A copy of **proof of payment** from vendor or a copy of check payment to vendor
- A copy of certificate(s) of completion of training (**conducted between July 1, 2009 and May 31, 2011**)

REIMBURSEMENT AMOUNT REQUESTED: \$ _____ not to exceed \$250.00

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 Training 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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