

**ARROWHEAD EMS ASSOCIATION  
REIMBURSEMENT FORM**

**July 2016**

*-Please Complete Top Portion Only-*

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

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

**Pre-Hospital Provider Outreach Educational Sessions**

Support pre-hospital providers for outreach educational sessions (managers' trainings and others as requested) to maintain required educational standards. **(Timeframe: July 1, 2016 to May 31, 2017)** Please provide the following:

Name	
Meeting/Training Attended	
Meeting/Training Date	
Starting Point	
Destination	
Total Miles (round-trip)	
Registration/Lodging <i>(Attach Invoice &amp; Proof of Payment)</i>	

**Feedback Survey (Required)**

Please provide information on how this reimbursement benefits your agency to help us assess training needs and improve future reimbursement opportunities. *(agency benefits, financial impact, patient care, retention, other)*

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Please feel free to continue reporting on the backside of this form or attach a document.

**REIMBURSEMENT AMOUNT REQUESTED: \$ \_\_\_\_\_ (not to exceed \$200.00)**

**Send form and documentation to:** Arrowhead EMS Association  
4219 Enterprise Circle  
Duluth, MN 55811  
Phone 218-726-0070  
Fax 218-726-0073

Bottom section for AEMSA staff only

**PURCHASE REQUISITION**

FY 2017 Seatbelt Funds

**Pre-Hospital Provider Outreach Educational Sessions**

Mail by	
Mailed on	
Check #	
ED Approval	

Vendor ID #		Date		Due	
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Item Description	Account #	Amount
Mileage Reimbursement	54414	
Registration/Lodging Reimbursement		