

## Reimbursement Request for Emergency Medical Services on Federal Lands

<b>Fire District:</b>			Invoice Date
<b>Address:</b>			
<b>City, ST ZIP:</b>			Fire Dept. Invoice #
<b>Phone:</b>		<b>Email:</b>	
GPS Location (ex: 35.165012,-111.663423)		Incident Number	Incident Date
Responded Date / Time		Released Date / Time	Back in Service Date / Time
<b>GRAND TOTAL REQUESTED *</b>			
<p>The simplified invoice for \$500.00 includes typical reimbursement of personnel, fuel costs, medical supplies.  <i>* For a reimbursement request above \$500.00, please attach itemized listing of personnel and equipment costs.</i></p>			
	Click left to declare that the Fire District has a population of less than 5,000 inhabitants		
	Click left to declare that this incident occurred on Federal Land		
Authorized Signature		Title	Date Signed
<p><b><i>Attach dispatch report with clearly identified GPS location of incident, responding unit(s), date, time of dispatch, on scene, cleared scene, and back in service. Incomplete invoices without required items will be rejected. Send completed form to <a href="mailto:ruralmed@dfm.az.gov">ruralmed@dfm.az.gov</a></i></b></p>			
<p><b><i>During this program's startup period, through January 31, 2022, all invoices will be accepted. After that, invoices received AFTER 90 Days from incident date will not be reviewed for payment (ARS 37-1310A1)</i></b></p>			
<i>For DFFM Office Use Only</i>			
Doc#	Approved by	Warrant #/Date	