Service Connected Bill Reimbursement Form

Wichita Firemens Relief Association
731 N. Main
Wichita, Ks. 67203
(316) 265-0545
Fax: (315) 265-0133

Please fill out all information:

Name: ____________________________
Address: __________________________
City: ___________ State: ___ Zip: ______

Rx/Doctor Office Name	***Date***	***S/C-Condition***	***$ Amount***
_ (example) Cardizem	_01/01/2009__	___Heart_____	_$40.00___
		Total:	**$** ________

I submit these bills for reimbursement. I have paid the amount listed.
Include all paid receipts

Signed ______________________ Date: ______________