

**ISAC Wellness Program
Claim Form**

County _____

Make Check Payable to:

Name _____

Mail check to:

Name _____

(leave blank if same as above)

Address _____

Date	Item	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

If you have questions, please call Jenna Kunstle at (515) 244-7181
or email at jkunstle@iowacounties.org
Please fax **Claim Form with receipt or invoice,**
and Program Evaluation to (515) 244-6397 or mail to
501 SW 7th Street, Ste. Q
Des Moines, IA 50309