

**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 the ISAC Wellness Program at (515) 244-7181

or email at wellness@iowacounties.org

**Please fax Claim Form with receipt or invoice,
and Program Evaluation** to (515) 244-6397 or mail to

5500 Westown Pkwy, #190

West Des Moines, IA 50309