



## **Reimbursement Application for Mental Health First Aid Books**

This form requests reimbursement for Mental Health First Aid training books following the completion of Mental Health First Aid Instructor training. Please submit this form with copies of the requested documentation to LeadingAge Iowa at [info@leadingageiowa.org](mailto:info@leadingageiowa.org) or LeadingAge Iowa, 11001 Aurora Ave, Urbandale, IA 50322.

**Community name:**

**Community address:**

**Certified Mental Health First Aid Instructor Name:**

**Date Completed Mental Health First Aid Instructor Training:**

**Number of books purchased (up to 100):**

**Anticipated training date:**

**Expected number of attendees:**

**Date of expense:**

**Total reimbursement requested:**

**Remember:**

- Attach Copy of invoice/receipt for book expense
- Attach Copy of Mental Health First Aid Instructor certificate