

STATE ATHLETIC COMMISSION OF NEVADA
REQUEST FOR AMBULANCE SERVICES REIMBURSEMENT (NRS 467.108)

Date Claim Filed (Submission Deadline 30 days from Event): _____

Club/Promoter Name: _____

Address: _____

Phone: _____

Alternate Phone: _____

Email Address: _____

EVENT

Event Name: (attach bout sheet) _____

Event Date(s): _____

Event Location: _____

Services Provided By: _____

SERVICES PROVIDED

Date	Hours	Level of Service	Amount	Approved
Total				

Promoter must attach proof of the following: Sanctioned Event Event Insurance Paid Invoice

I declare under penalty of perjury that the forgoing is true and correct.

Grant Request verified and submitted by: _____

Signature: _____

Submit all required documents and original form to:
 3300 W. Sahara Avenue, # 450, Las Vegas, Nevada 89102
 Telephone: (702) 486-2575 Fax: (702) 486-2577
No staples please

To be completed by NSAC Staff Only

NSAC Staff Verification Requirements Met: Yes No