

REIMBURSEMENT REQUEST FORM

A copy of this form must be completed and returned to the District Administration Office within ten (10) days of the incident. Copies of the teacher's insurance declaration sheet, police reports (in case of theft) and/or Principal's reports (when appropriate) must be attached to this form.

EMPLOYEE NAME _____

DATE OF THEFT OR INCIDENT _____

AMOUNT OF CLAIM \$ _____

INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

AMOUNT OF DEDUCTIBLE _____

I, the undersigned, agree that the information above is true to the best of my knowledge.

Employee Signature

Date