

OCEANSIDE UNIFIED SCHOOL DISTRICT
EMPLOYEE CLAIM FOR REIMBURSEMENT
FOR LOSS, DAMAGE, OR DESTRUCTION OF VEHICLE

Name: _____ Work-Site: _____

Make of Vehicle: _____ Year: _____ License No.: _____

1. Describe Loss, Damage, or Destruction: _____

2. Where: _____ 3. When: _____

4. The amount of the claim is \$ _____. This must be verified by an **attached PAID current receipt** for replacement or repair of the loss, damage, or destruction.

5. A police report **must** be filed and a copy **attached** to this form.

6. What is the deductible on your insurance policy: _____

I certify that the loss, damage, or destruction occurred within the scope of my district employment.

Signature: _____ Date: _____
Employee

Signature: _____ Date: _____
Supervisor

AFTER COMPLETING FORM, FORWARD ALL COPIES TO THE DISTRICT OFFICE. A COPY WILL BE RETURNED TO YOU.

District Office:

Approved for \$ _____ by _____ on _____