

APPLICATION FOR REIMBURSEMENT FOR DAMAGED PERSONAL PROPERTY

EMPLOYEE NAME _____

Program _____

Date of Incident _____

Time of Incident _____

Place of Incident _____

Detailed Description of Incident

Description of Property Damaged

Cost of repair or replacement \$ _____

Please attach the original receipt for property or current prices of same or comparable items and the original date the article was purchased.

Employee Signature

Date

For Central Office Use Only:

_____ Approved _____ Not Approved \$ _____ Amount allowable _____

Executive Director

Date

Date paid: _____

reference policy: 4145/4245