

San Mateo Union High School District

Randall Booker, Superintendent

Kirk Black, Ed.D., Deputy Superintendent, Human Resources and Student Services

Yancy Hawkins, CPA, Associate Superintendent Chief Business Officer

Julia Kempkey, Ed.D., Associate Superintendent of Curriculum and Instruction



Claim Form

Claimant's Name: _____

Address: _____

Date of Birth: _____ Amount: \$ _____

Phone Number: _____ Email: _____

Address to which notice and correspondence are to be sent (if different from above):

Date, Time, and Location of Occurrence:

How Did it Occur?

Describe Damage or Loss:

Name of School Employee(s), if any, Causing Injury or Damage (if unknown, so state):

Itemization of Claim (list items totaling amount set forth above): _____ \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____

If the total amount claimed exceeds \$35,000, is this a Limited Civil case? ☐ Yes ☐ No

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

Dated at _____, CA on: _____ 20____ Signature of Claimant: _____
(Location) (Date)

Notice: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payments to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."