

LAWCX

Local Agency Workers' Compensation Excess
Joint Powers Authority
A California Public Agency

Safety and Risk Control Reimbursement Program

Please Complete All Fields

Entity Name:

Date:

Member Contact:

Phone:

Email:

Reimbursement Requested for *(please describe)*:

Date Purchased/Expended

Reimbursement Amount Requested: \$

Please attach proof of purchase, expenditure, or service quote.

This is (check all that apply):

- ☐ Service
☐ Training
☐ Software

- ☐ Equipment
☐ Materials
☐ Registration

- ☐ Hotel
☐ Mileage Reimbursement
☐ Other *(Please describe)*:

Sedgwick, Pre-approved, Pay Direct

Please explain how this will improve or enhance your safety and risk control efforts:

Signature: _____

Date: _____

Title: _____

Fiscal Year:

This Area for Administrative Use Only

Reviewed by:

Approved?

1. Each member can request reimbursement up to a total of \$2,000 for each fiscal year, July 1 through June 30.
2. All requests will be accepted on a first-come, first-served basis, and may be subject to approval by the Executive Committee. A total of \$40,000 is available each fiscal year for this reimbursement program.
3. Expenditures eligible for reimbursement are risk control related expenses that are directly related to workers' compensation or workplace safety. The expense can include expenses related to equipment, trainers, travel and hotel costs for attending training, and materials.
4. The amount of reimbursement requested cannot exceed the cost of the item/service purchased.
5. The expense to be reimbursed must be expended between July 1 and June 30th, and the request for reimbursement must be received within 30 days of the fiscal year closing.
6. If you have any questions, please contact Shane Baird at shane.baird@sedgwick.com, 661.619.3520.

Please sign and submit this completed reimbursement request form, along with proof of purchase or expenditure, to Shane Baird at shane.baird@sedgwick.com or mail to 1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833.