

## 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 d	lescribe):	
Date Purchased/Expended	Reimt	bursement Amount Requested: \$
Please attach proof of purchase, expende	iture, or service quote.	
This is (check all that apply):	¬_ · .	
Service	Equipment	Hotel
L Training	Materials	Mileage Reimbursement
└── Software	Registration	<b>Other</b> (Please describe):
Sedgwick, Pre-approved, Pay Direct	t	
Please explain how this will improve or Signature:		Date:
Title:		Fiscal Year:
This Area for Reviewed by:	or Administrativ Approved?	
1. Each member can request reimburseme	nt up to a total of \$2,000 f	for each fiscal year, July 1 through June 30.
<ol> <li>All requests will be accepted on a first- Committee. A total of \$40,000 is available</li> </ol>		and may be subject to approval by the Executive reimbursement program.
	e expense can include exp	d expenses that are directly related to workers' penses related to equipment, trainers, travel and

- 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.