

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: Reimbursement Requested for (please	Phone: e describe):	Email:
Date Purchased/Expended Please attach proof of purchase, exper		mbursement Amount Requested: \$
This is (check all that apply): Service Training Software	EquipmentMaterialsRegistration	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:

1. Each member can request reimbursement up to a total of \$2,000 for each fiscal year, July 1 through June 30.

Approved?

- 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.

Reviewed by:

- 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 Katie Chilcott at kathleen.chilcott@sedgwick.com or 916.268.0966.

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