



Department of Administration  
**RISK MANAGEMENT**



## PROPERTY/AUTO CLAIM REIMBURSEMENT REQUEST

**Agency**

To: Stacie Hancock  
Risk Management

From: \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_ Claim Number \_\_\_\_\_

**Settlement**

The repairs and or replacement of the above-mentioned claim have been made to our satisfaction. Proof of payment and copy of all paid invoices are attached. We formally request Risk Management to reimburse our agency using the following coding:

Budget # \_\_\_\_\_ GL \_\_\_\_\_ Fund \_\_\_\_\_

Agency \_\_\_\_\_ Org \_\_\_\_\_ Sub \_\_\_\_\_

APPR Unit \_\_\_\_\_ Object \_\_\_\_\_

**Contact**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Date Submitted \_\_\_\_\_